

File Type	Element	Element Name	Element Description	Edit ID	Message
HD	HD002	Payer	Payer submitting payments/Council Submitter Code	209	The Payer Field on the Header Record must be a valid DHCFP assigned OrgID and must be a valid filer for the given filing type.
HD	HD004	Type of File	Type of File	216	The header field HD004 (Type of File) does not match the file type on the Transmittal Sheet.
HD	HD004	Type of File	Type of File	3896	Partial Replacement submissions are not allowed. Please resubmit with the Full Replacement indicator.
HD	HD004	Type of File	Type of File	3897	The file type is not valid for the submission period selected.
HD	HD005	Period Beginning Date	CCYYMM	204	The Period Beginning Date on the Header Record must correspond with the Year and Quarter/Month entered on the Transmittal Sheet.
HD	HD006	Period Ending Date	CCYYMM	205	The Period End Date on the Header Record must correspond with the Year and Quarter/Month entered on the Transmittal Sheet.
HD	HD007	Record Count	Total number of records submitted in this file	218	The Record count in the Header Record (HD007) must match the Record Count entered on the transmittal.
HD	HD007	Record Count	Total number of records submitted in this file	206	The Record Count in the Header Record must match the number of records in the file.
DC	DC001	Payer	Payer submitting payments; Council Submitter Code	1943	The Payer Field within each record of the file must match the Payer Field on the Header Record.
DC	DC001	Payer	Payer submitting payments; Council Submitter Code	2321	Payer is required.
DC	DC002	National Plan ID	CMS National Plan ID	3644	National Plan ID field must match the National Plan ID on the Header Record
DC	DC003	Dental Insurance Type Code/PR	Dental Insurance Type Code/PR	1992	Dental Insurance Type Code/PR must be within the valid domain of values.
DC	DC003	Dental Insurance Type Code/PR	Dental Insurance Type Code/PR	2323	Dental Insurance Type Code/PR is required.
DC	DC004	Payer Claim Control Number	Must apply to entire claim and be unique within the payers system	2324	Payer Claim Control Number is required.
DC	DC005	Line Counter	Line number for this service	2325	Line Counter is required.
DC	DC005	Line Counter	Line number for this service	2649	Line Counter must be in integer (no decimal points) format, cannot be zero and cannot be negative.
DC	DC005A	Version Number	Claim Service Line Version Number.	2326	Version Number is required.
DC	DC005A	Version Number	Claim Service Line Version Number.	2650	Version Number must be in integer (no decimal points) format and cannot be negative.
DC	DC006	Insured Group or Policy Number	Used to create unique member ID, for internal validation and data quality; not released.	2327	Insured Group or Policy Number is required.
DC	DC007	Subscriber SSN	Used to create unique member ID, for internal validation and data quality; not released.	2328	Subscriber SSN is required.
DC	DC007	Subscriber SSN	Used to create unique member ID, for internal validation and data quality; not released.	3732	Subscriber SSN must be 9 digits, numeric and in valid format.
DC	DC008	Plan Specific Contract Number	Used to create unique member ID, for internal validation and data quality; not released.	2329	Plan Specific Contract Number is required.
DC	DC009	Member Suffix or Sequence Number	Used to create unique member ID, for internal validation and data quality; not released.	2330	Member Suffix or Sequence Number is required.

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DC	DC010	Member Identification Code	Used to create unique member ID, for internal validation and data quality; not released.	2331	Member Identification Code is required.
DC	DC010	Member Identification Code	Used to create unique member ID, for internal validation and data quality; not released.	3735	MemberIdentificationCode must be 9 digits, numeric and in valid format.
DC	DC010	Member Identification Code	Used to create unique member ID, for internal validation and data quality; not released.	3898	Member Identification Code must be in integer (no decimal points) format, cannot be zero and cannot be negative.
DC	DC011	Individual Relationship Code	Members relationship to subscriber:	1993	Individual Relationship Code must be within the valid domain of values.
DC	DC011	Individual Relationship Code	Members relationship to subscriber:	2332	Individual Relationship Code is required.
DC	DC011	Individual Relationship Code	Members relationship to subscriber:	2651	Individual Relationship Code must be in integer (no decimal points) format .
DC	DC012	Member Gender	Member Gender	2333	Member Gender is required.
DC	DC012	Member Gender	Member Gender	2731	Member Gender must be within the valid domain of values.
DC	DC013	Member Date of Birth	YYYYMMDD	3753	Member Date of Birth cannot be after the service date.
DC	DC013	Member Date of Birth	YYYYMMDD	2578	Member Date of Birth must be in date format (YYYYMMDD) and cannot be a future date and cannot be a future date.
DC	DC013	Member Date of Birth	YYYYMMDD	2334	Member Date of Birth is required.
DC	DC014	Member City Name	City name of member	2335	Member City Name is required.
DC	DC015	Member State or Province	Member State or Province	2336	Member State or Province is required.
DC	DC016	Member ZIP Code	Member ZIP Code	2337	Member ZIP Code is required.
DC	DC016	Member ZIP Code	Member ZIP Code	3646	Member zip code must be within the valid domain of values.
DC	DC017	Date Service Approved (AP Date)	YYYYMMDD (Generally the same as the paid date)	2338	Date Service Approved (AP Date) is required.
DC	DC017	Date Service Approved (AP Date)	YYYYMMDD (Generally the same as the paid date)	2579	Date Service Approved (AP Date) must be in date format (YYYYMMDD) and cannot be a future date.
DC	DC018	Service PV Number	Payer assigned PV number	2339	Service PV Number is required.
DC	DC019	Service PV Tax ID Number	Federal taxpayers identification number	2340	Service PV Tax ID Number is required.
DC	DC019	Service PV Tax ID Number	Federal taxpayers identification number	3648	Service PV Tax ID must be in valid Tax ID format
DC	DC019	Service PV Tax ID Number	Federal taxpayers identification number	3899	Service PV Tax ID Number must be in integer (no decimal points) format, cannot be zero and cannot be negative.
DC	DC020	National Service PV ID	See https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do for PV lookup resource	3649	National Service PV ID must be 10 digits
DC	DC020	National Service PV ID	See https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do for PV lookup resource	3754	NationalPVID must be in integer (no decimal points) format.
DC	DC020	National Service PV ID	See https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do for PV lookup resource	2341	National Service PV ID is required.
DC	DC021	Service PV Entity Type Qualifier	HIPAA PV taxonomy	2342	Service PV Entity Type Qualifier is required.
DC	DC021	Service PV Entity Type Qualifier	HIPAA PV taxonomy	2652	Service PV Entity Type Qualifier must be in integer (no decimal points) format .
DC	DC021	Service PV Entity Type Qualifier	HIPAA PV taxonomy	1996	Service PV Entity Type Qualifier must be within the valid domain of values.
DC	DC022	Service PV First Name	Service PV First Name	3894	Service PV First Name is required when Service PV Entity Type Qualifier (DC021) equals 1.
DC	DC023	Service PV Middle Name	Service PV Middle Name	3895	Service PV Middle Name is required when Service PV Entity Type Qualifier (DC021) equals 1.

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DC	DC024	Service PV Last Name or Organization Name	Service PV Last Name or Organization Name	2345	Service PV Last Name or Organization Name is required.
DC	DC025	Delegated Benefit Administrator Organization ID	If the record is sourced from a delegated benefit administrator, this field contains the DHCFP assigned organization ID for the delegated benefit administrator. Contact DHCFP for the appropriate value. Report null values if not applicable.	3863	When present, the DelegatedBenefitAdministratorOrganizationID must be a valid orgid.
DC	DC025	Delegated Benefit Administrator Organization ID	If the record is sourced from a delegated benefit administrator, this field contains the DHCFP assigned organization ID for the delegated benefit administrator. Contact DHCFP for the appropriate value. Report null values if not applicable.	3913	Delegated Benefit Administrator Organization ID must be in integer (no decimal points) format.
DC	DC026	Service PV Specialty	As defined by payer. Dictionary for specialty code values must be supplied during testing.	3864	Service PV Specialty must be within the valid domain of values.
DC	DC026	Service PV Specialty	As defined by payer. Dictionary for specialty code values must be supplied during testing.	2347	Service PV Specialty is required.
DC	DC027	Service PV City Name	Practice location	2348	Service PV City Name is required.
DC	DC028	Service PV State	Service PV State	2349	Service PV State is required.
DC	DC028	Service PV State	Service PV State	3825	Service PV State must be within the valid domain of values.
DC	DC029	Service PV ZIP Code	Service PV ZIP Code	3826	Service PV Zip Code must be within the valid domain of values.
DC	DC029	Service PV ZIP Code	Service PV ZIP Code	2350	Service PV ZIP Code is required.
DC	DC030	Facility Type - Professional	Facility Type - Professional	2351	Facility Type - Professional is required.
DC	DC030	Facility Type - Professional	Facility Type - Professional	3827	Facility Type must be within the valid domain of values.
DC	DC031	Claim Status	Claim Status	1998	Claim Status must be within the valid domain of values.
DC	DC031	Claim Status	Claim Status	2352	Claim Status is required.
DC	DC031	Claim Status	Claim Status	2653	Claim Status must be in integer (no decimal points) format .
DC	DC032	CDT Code	Common Dental Terminology code	2353	CDT Code is required.
DC	DC032	CDT Code	Common Dental Terminology code	1999	CDT Code must be within the valid domain of values.
DC	DC033	Procedure Modifier - 1	Procedure Modifier - 1	2000	Procedure Modifier - 1 must be within the valid domain of values.
DC	DC034	Procedure Modifier - 2	Procedure Modifier - 2	2001	Procedure Modifier - 2 must be within the valid domain of values.
DC	DC035	Date of Service - From	First date of service for this service line. YYYYMMDD	3652	Date of Service - From may not be future date
DC	DC035	Date of Service - From	First date of service for this service line. YYYYMMDD	2356	Date of Service - From is required.
DC	DC035	Date of Service - From	First date of service for this service line. YYYYMMDD	2580	Date of Service - From must be in date format (YYYYMMDD) and cannot be a future date.
DC	DC036	Date of Service - Thru	Last date of service for this service line. YYYYMMDD	2581	Date of Service - Thru must be in date format (YYYYMMDD) and cannot be a future date.
DC	DC036	Date of Service - Thru	Last date of service for this service line. YYYYMMDD	3653	Date of Service - Thru must be >= Date of Service - From

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DC	DC037	Charge Amount	Charge Amount	2654	Charge Amount must be in integer (no decimal points) format cannot be zero and cannot be negative.
DC	DC037	Charge Amount	Charge Amount	2358	Charge Amount is required.
DC	DC038	Paid Amount	Paid Amount	2655	Paid Amount must be in integer (no decimal points) format and cannot be negative
DC	DC038	Paid Amount	Paid Amount	3757	Paid amount must be present when claim status = 01, 02, 03, 19, 20, 21.
DC	DC039	Copay Amount	The preset, fixed dollar amount for which the individual is responsible Do not code decimal point. Decimal points are implied.	2360	Copay Amount is required.
DC	DC039	Copay Amount	The preset, fixed dollar amount for which the individual is responsible Do not code decimal point. Decimal points are implied.	2656	Copay Amount must be in integer (no decimal points) format and cannot be negative.
DC	DC040	Coinsurance Amount	The dollar amount an individual is responsible for – not the percentage. Do not code decimal point.	2361	Coinsurance Amount is required.
DC	DC040	Coinsurance Amount	The dollar amount an individual is responsible for – not the percentage. Do not code decimal point.	2657	Coinsurance Amount must be in integer (no decimal points) format and cannot be negative.
DC	DC041	Deductible Amount	Deductible Amount	2362	Deductible Amount is required.
DC	DC041	Deductible Amount	Deductible Amount	2658	Deductible Amount must be in integer (no decimal points) format and cannot be negative.
DC	DC042	PR ID Number	Must correspond to the PR file	2363	PR ID Number is required.
DC	DC043	Member Street Address	Used to create unique member ID, for internal validation and data quality; not released.	2364	Member Street Address is required.
DC	DC044	Billing PV Tax ID Number	Billing PV Tax ID Number	2365	Billing PV Tax ID Number is required.
DC	DC044	Billing PV Tax ID Number	Billing PV Tax ID Number	3654	Billing PV Tax ID Number must be in valid Tax ID format
DC	DC044	Billing PV Tax ID Number	Billing PV Tax ID Number	3900	Billing PV Tax ID Number must be in integer (no decimal points) format, cannot be zero and cannot be negative.
DC	DC045	Paid Date	YYYYMMDD	3647	Paid must be between the Period Begin and Period End Dates on the Transmittal Record.
DC	DC045	Paid Date	YYYYMMDD	2366	Paid Date is required.
DC	DC045	Paid Date	YYYYMMDD	2582	Paid Date must be in date format (YYYYMMDD) and cannot be a future date.
DC	DC046	Allowed Amount	Allowed Amount	2367	Allowed Amount is required when Claim Status (DC031) = 04 or 22.
DC	DC046	Allowed Amount	Allowed Amount	2659	Allowed Amount must be in integer (no decimal points) format cannot be negative and cannot be zero.
DC	DC047	Tooth Number/Letter	provides further detail on procedure	3828	Tooth Number/Letter must be within the valid domain of values.
DC	DC048	Dental Quadrant	provides further detail on procedure	3830	Dental Quadrant must be within the valid domain of values.
DC	DC049	Tooth Surface	provides further detail on procedure	3829	Tooth Surface must be within the valid domain of values.
DC	DC050	Subscriber Last Name	Used to create unique member ID, for internal validation and data quality; not released.	2371	Subscriber Last Name is required.
DC	DC051	Subscriber First Name	Used to create unique member ID, for internal validation and data quality; not released.	2372	Subscriber First Name is required.
DC	DC053	Member Last Name	Used to create unique member ID, for internal validation and data quality; not released.	2374	Member Last Name is required.

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DC	DC054	Member First Name	Used to create unique member ID, for internal validation and data quality; not released.	2375	Member First Name is required.
DC	DC055	Member Middle Initial	Used to create unique member ID, for internal validation and data quality; not released.	2376	Member Middle Initial is required.
DC	DC056	Carrier Specific Unique Member ID	This is the number the carrier uses internally to uniquely identify the member.	2377	Carrier Specific Unique Member ID is required.
DC	DC057	Carrier Specific Unique Subscriber ID	This is the number the carrier uses internally to uniquely identify the subscriber.	2378	Carrier Specific Unique Subscriber ID is required.
DC	DC058	Member Address 2	Address of member which may include apartment number or suite, or other secondary information besides the street.	3813	The Member Address 2 is required when the Member Street Address (DC043) is not present.
DC	DC059	Claim Line Type	Code indicating type of record.	2733	Claim Line Type must be within the valid domain of values.
DC	DC059	Claim Line Type	Code indicating type of record.	2380	Claim Line Type is required.
DC	DC060	Former Claim Number	If this is not an original claim (Claim line type = "O", then the previous claim number that this is replacing/voiding.	3856	The Former Claim Number is required when Claim Line Type (MC059) = V, R, B, or A.
DC	DC899	Record Type	DC	3725	RecordType must match the RecordType in the header and the trailer.
DC	DC899	Record Type	DC	2382	Record Type is required.
MC	MC001	Payer	Payer submitting payments, Council Submitter Code	1942	The Payer Field within each record of the file must match the Payer Field on the Header Record.
MC	MC001	Payer	Payer submitting payments, Council Submitter Code	2089	Payer is required.
MC	MC002	National Plan ID	CMS National Plan ID	3656	The National Plan ID within each record of the file must match the National Plan ID on the Header Record.
MC	MC003	Insurance Type Code/PR	See tlkpClaimInsuranceType	1958	Insurance Type Code/PR must be within the valid domain of values.
MC	MC003	Insurance Type Code/PR	See tlkpClaimInsuranceType	2091	Insurance Type Code/PR is required.
MC	MC004	Payer Claim Control Number	Must apply to the entire claim and be unique within the payer's system	2092	Payer Claim Control Number is required.
MC	MC005	Line Counter	Line number for this service, The line counter begins with 1 and is incremented by 1 for each additional service line of a claim	2093	Line Counter is required.
MC	MC005	Line Counter	Line number for this service, The line counter begins with 1 and is incremented by 1 for each additional service line of a claim	2599	Line Counter must be in integer (no decimal points) format cannot be negative and cannot be zero.
MC	MC005A	Version Number	Version number of this claim service line, The version number begins with 0 and is incremented by 1 for each subsequent version of that service line	2094	Version Number is required.

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MC	MC005A	Version Number	Version number of this claim service line, The version number begins with 0 and is incremented by 1 for each subsequent version of that service line	2600	Version Number must be in integer (no decimal points) format and cannot be negative.
MC	MC006	Insured Group or Policy Number	Group or policy number (not the number that uniquely identifies the subscriber)	2095	Insured Group or Policy Number is required.
MC	MC007	Subscriber SSN	Subscriber SSN, Set as null if unavailable	2096	Subscriber SSN is required.
MC	MC007	Subscriber SSN	Subscriber SSN, Set as null if unavailable	3729	Subscriber SSN must be 9 digits, numeric and in valid format.
MC	MC007	Subscriber SSN	Subscriber SSN, Set as null if unavailable	3901	Subscriber SSN must be in integer (no decimal points) format, cannot be zero and cannot be negative.
MC	MC008	Plan Specific Contract Number	Encrypted plan assigned Set as null if contract number = subscriber's social security number	2097	Plan Specific Contract Number is required.
MC	MC009	Member Suffix or Sequence Number	Uniquely numbers the member within the contract	2098	Member Suffix or Sequence Number is required.
MC	MC010	Member SSN	Members social security number (set as null if unavailable)	2099	Member SSN is required.
MC	MC010	Member SSN	Members social security number (set as null if unavailable)	3728	Member SSN must be 9 digits, numeric and in valid format.
MC	MC010	Member SSN	Members social security number (set as null if unavailable)	3902	Member SSN must be in integer (no decimal points) format, cannot be zero and cannot be negative.
MC	MC011	Individual Relationship Code	Member's relationship to subscriber as in tlkpClaimIndividualRelationship	1959	Individual Relationship Code must be within the valid domain of values.
MC	MC011	Individual Relationship Code	Member's relationship to subscriber as in tlkpClaimIndividualRelationship	2100	Individual Relationship Code is required.
MC	MC011	Individual Relationship Code	Member's relationship to subscriber as in tlkpClaimIndividualRelationship	2601	Individual Relationship Code must be in integer (no decimal points) format .
MC	MC012	Member Gender	M - Male, F - Female, U - Unknown	2101	Member Gender is required.
MC	MC012	Member Gender	M - Male, F - Female, U - Unknown	1960	Member Gender must be within the valid domain of values.
MC	MC013	Member Date of Birth	CCYYMMDD	2565	Member Date of Birth must be in date format (YYYYMMDD) and cannot be a future date.
MC	MC013	Member Date of Birth	CCYYMMDD	2102	Member Date of Birth is required.
MC	MC013	Member Date of Birth	CCYYMMDD	3848	The Member Date of Birth cannot be after the date of service.
MC	MC014	Member City Name	City name of member	2103	Member City Name is required.
MC	MC015	Member State or Province	As defined by the US Postal Service	2104	Member State or Province is required.
MC	MC015	Member State or Province	As defined by the US Postal Service	3759	Member State or Province must be within the valid domain of values.
MC	MC016	Member ZIP Code	ZIP Code of member - may include non-US codes	3657	Member zip code must be within the valid domain of values.
MC	MC016	Member ZIP Code	ZIP Code of member - may include non-US codes	2105	Member ZIP Code is required.
MC	MC017	Date Service Approved (AP Date)	CCYYMMDD, (Generally the same as the paid date)	2106	Date Service Approved (AP Date) is required.
MC	MC017	Date Service Approved (AP Date)	CCYYMMDD, (Generally the same as the paid date)	2566	Date Service Approved (AP Date) must be in date format (YYYYMMDD) and cannot be a future date.
MC	MC018	Admission Date	Required for all inpatient claims, CCYYMMDD	2567	Admission Date must be in date format (YYYYMMDD) and cannot be a future date.

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MC	MC018	Admission Date	Required for all inpatient claims, CCYYMMDD	3760	Admission Date is required when Type of Bill on Facility Claims (MC036) = 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x ,089x or Type of Claim = 002, must be in CCYYMMDD format and cannot be greater than the Discharge Date (MC069).
MC	MC019	Admission Hour	Required for all inpatient claims, Time is expressed in military time – HH or HHMM	3761	Admission Hour is required when Type of Bill on Facility Claims (MC036) = 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x, 089x and Type of Claim = 002, must be in HHMM format.
MC	MC019	Admission Hour	Required for all inpatient claims, Time is expressed in military time – HH or HHMM	2602	Admission Hour must be in integer (no decimal points) format and cannot be negative.
MC	MC020	Admission Type	See tlkpAdmissionType	2603	Admission Type must be in integer (no decimal points) format .
MC	MC020	Admission Type	See tlkpAdmissionType	3744	Admission Type must be within the valid domain of values.
MC	MC020	Admission Type	See tlkpAdmissionType	3771	The Admission Type is required when Type of Bill on Facility Claims equals 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x, or 089x and Type of Claim = 002.
MC	MC021	Admission Source	See tlkpAdmissionSource	3772	The Admission Source is required when Type of Bill on Facility Claims equals 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x, or 089x and Type of Claim = 002.
MC	MC021	Admission Source	See tlkpAdmissionSource	3745	Admission Source must be within the valid domain of values.
MC	MC022	Discharge Hour	Hour in military time – HH or HHMM	3762	Discharge Hour is required when Type of Bill on Facility Claims (MC036) = 011x, 018x, 028x, 041x, 065x, 066x, 084x, 086x, 089x and Type of Claim = 002, must be in HHMM format, can not have an hour greater than 23 and must be greater than the admission hour (MC019) when the Admission Date (MC018) and the Discharge date (MC069) are equal.
MC	MC022	Discharge Hour	Hour in military time – HH or HHMM	2604	Discharge Hour must be in integer (no decimal points) format and cannot be negative.
MC	MC023	Discharge Status	See tlkpDischargeStatus	3737	DischargeStatus must be within the valid domain of values.
MC	MC023	Discharge Status	See tlkpDischargeStatus	2605	Discharge Status must be in integer (no decimal points) format .
MC	MC023	Discharge Status	See tlkpDischargeStatus	3849	The Discharge Status is required when Type of Bill on Facility Claims equals 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x, or 089x and Type of Claim (MC094) = 002.
MC	MC024	Service PV Number	Payer assigned PV number	2113	Service PV Number is required.
MC	MC025	Service PV Tax ID Number	Federal taxpayer's identification number	2114	Service PV Tax ID Number is required.
MC	MC025	Service PV Tax ID Number	Federal taxpayer's identification number	3763	Service PV Tax ID must be numeric and 9 digits.
MC	MC026	National Service PV ID	Required if National PV ID is mandated, for use under HIPAA	3659	National Service PV ID must be numeric and 10 digits.
MC	MC026	National Service PV ID	Required if National PV ID is mandated, for use under HIPAA	2115	National Service PV ID is required.
MC	MC027	Service PV Entity Type Qualifier	1 Person, 2 Non-Person Entity, HIPAA PV taxonomy classifies PV groups (clinicians who bill as a group practice or under a corporate name, even if that group is composed of one PV)	2116	Service PV Entity Type Qualifier is required.
MC	MC027	Service PV Entity Type Qualifier	1 Person, 2 Non-Person Entity, HIPAA PV taxonomy classifies PV groups (clinicians who bill as a group practice or under a corporate name, even if that group is composed of one PV)	2606	Service PV Entity Type Qualifier must be in integer (no decimal points) format .
MC	MC027	Service PV Entity Type Qualifier	1 Person, 2 Non-Person Entity, HIPAA PV taxonomy classifies PV groups (clinicians who bill as a group practice or under a corporate name, even if that group is composed of one PV)	1964	Service PV Entity Type Qualifier must be within the valid domain of values.

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MC	MC028	Service PV First Name	Individual first name, Set to null if PV is a facility or organization	3891	Service PV First name is required when Service PV Entity Type Qualifier (MC027) = 1.
MC	MC029	Service PV Middle Name	Individual middle name or initial, Set to null if PV is a facility or organization	3892	The Service PV Middle Name is required when Service PV Entity Type Qualifier (MC027) = 1.
MC	MC030	Service PV Last Name or Organization Name	Full name of PV organization, or last name of individual PV	2119	Service PV Last Name or Organization Name is required.
MC	MC031	Service PV Suffix	Suffix to individual name, Set to null if PV is a facility or organization., Should be used to capture the generation of the individual clinician (e.g., Jr. Sr., III), if applicable, rather than	3893	The Service PV Suffix is required when Service PV Entity Type Qualifier (MC027) = 1.
MC	MC031	Service PV Suffix	Suffix to individual name, Set to null if PV is a facility or organization., Should be used to capture the generation of the individual clinician (e.g., Jr. Sr., III), if applicable, rather than	2700	Service PV Suffix must be within the valid domain of values.
MC	MC032	Service PV Specialty	As defined by payer, Dictionary for specialty code values, must be supplied during testing	3850	The Service PV Specialty must be within the valid domain of values.
MC	MC032	Service PV Specialty	As defined by payer, Dictionary for specialty code values, must be supplied during testing	2121	Service PV Specialty is required.
MC	MC033	Service PV City Name	City name of PV - preferably practice location	2122	Service PV City Name is required.
MC	MC034	Service PV State	As defined by the US Postal Service	2123	Service PV State is required.
MC	MC034	Service PV State	As defined by the US Postal Service	3851	The Service PV State must be within the valid domain of values.
MC	MC035	Service PV ZIP Code	ZIP Code of PV - may include non-US codes Do not include dash	3852	The Service PV Zip Code must be within the valid domain of values.
MC	MC035	Service PV ZIP Code	ZIP Code of PV - may include non-US codes Do not include dash	2124	Service PV ZIP Code is required.
MC	MC036	Type of Bill – on Facility Claims	See tlkpTypeOfBillBillClassification and tlkpTypeOfBillFacilityType	2607	Type of Bill – on Facility Claims must be in integer (no decimal points) format .
MC	MC036	Type of Bill – on Facility Claims	See tlkpTypeOfBillBillClassification and tlkpTypeOfBillFacilityType	3741	TypeofBillBillClassification must be within the valid domain of values.
MC	MC036	Type of Bill – on Facility Claims	See tlkpTypeOfBillBillClassification and tlkpTypeOfBillFacilityType	3742	TypeofBillFacilityType must be within the valid domain of values.
MC	MC036	Type of Bill – on Facility Claims	See tlkpTypeOfBillBillClassification and tlkpTypeOfBillFacilityType	3773	The Type of Bill on Facility Claims is required when Type of Claim (MC094) = 002.
MC	MC037	Site of Service – on NSF/CMS 1500 Claims	See tlkpSiteOfService	3774	The Site of Service O nNSF CMS 1500 Claims is required when Type of Claim (MC094) = 001.
MC	MC037	Site of Service – on NSF/CMS 1500 Claims	See tlkpSiteOfService	3740	Site of service must be within the valid domain of values.
MC	MC038	Claim Status	See tlkpClaimStatus	1969	Claim Status must be within the valid domain of values.
MC	MC038	Claim Status	See tlkpClaimStatus	2127	Claim Status is required.
MC	MC038	Claim Status	See tlkpClaimStatus	2608	Claim Status must be in integer (no decimal points) format .

File Type	Element	Element Name	Element Description	Edit ID	Message
MC	MC039	Admitting Diagnosis	Required on all inpatient admission claims and encounters ICD-9-CM Do not code decimal point	3746	Admitting Diagnosis must be within the valid domain of values.
MC	MC039	Admitting Diagnosis	Required on all inpatient admission claims and encounters ICD-9-CM Do not code decimal point	3775	The Admitting Diagnosis is required when Type of Claim (MC094) = 002 and Type of Bill on Facility Claims (MC036) = 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x or 089x.
MC	MC040	E-Code	Describes an injury, poisoning or adverse effect ICD-9-CM Do not include decimal	1971	E-Code must be within the valid domain of values.
MC	MC041	Principal Diagnosis	ICD-9-CM Do not code decimal point. This should be the principal diagnosis given on the claim header.	1972	Principal Diagnosis must be within the valid domain of values.
MC	MC041	Principal Diagnosis	ICD-9-CM Do not code decimal point. This should be the principal diagnosis given on the claim header.	2130	Principal Diagnosis is required.
MC	MC042	Other Diagnosis – 1	ICD-9-CM Do not code decimal point	2714	Other Diagnosis – 1 must be within the valid domain of values.
MC	MC043	Other Diagnosis – 2	ICD-9-CM Do not code decimal point	2715	Other Diagnosis – 2 must be within the valid domain of values.
MC	MC044	Other Diagnosis – 3	ICD-9-CM Do not code decimal point	2716	Other Diagnosis – 3 must be within the valid domain of values.
MC	MC045	Other Diagnosis – 4	ICD-9-CM Do not code decimal point	2717	Other Diagnosis – 4 must be within the valid domain of values.
MC	MC046	Other Diagnosis – 5	ICD-9-CM Do not code decimal point	2718	Other Diagnosis – 5 must be within the valid domain of values.
MC	MC047	Other Diagnosis – 6	ICD-9-CM Do not code decimal point	2719	Other Diagnosis – 6 must be within the valid domain of values.
MC	MC048	Other Diagnosis – 7	ICD-9-CM Do not code decimal point	2720	Other Diagnosis – 7 must be within the valid domain of values.
MC	MC049	Other Diagnosis – 8	ICD-9-CM Do not code decimal point	2721	Other Diagnosis – 8 must be within the valid domain of values.
MC	MC050	Other Diagnosis – 9	ICD-9-CM Do not code decimal point	2722	Other Diagnosis – 9 must be within the valid domain of values.
MC	MC051	Other Diagnosis – 10	ICD-9-CM Do not code decimal point	2723	Other Diagnosis – 10 must be within the valid domain of values.
MC	MC052	Other Diagnosis – 11	ICD-9-CM Do not code decimal point	2724	Other Diagnosis – 11 must be within the valid domain of values.
MC	MC053	Other Diagnosis – 12	ICD-9-CM Do not code decimal point	2725	Other Diagnosis – 12 must be within the valid domain of values.
MC	MC054	Revenue Code	National Uniform Billing Committee Codes Code using leading zeroes, left-justified, and four digits.	1973	Revenue Code must be within the valid domain of values.
MC	MC054	Revenue Code	National Uniform Billing Committee Codes Code using leading zeroes, left-justified, and four digits.	3777	The Revenue Code is required when Type of Claim (MC094) = 002.
MC	MC055	Procedure Code	Health Care Common Procedural Coding System (HCPCS). This includes the CPT codes of the American Medical Association.	1974	Procedure Code must be within the valid domain of values.
MC	MC056	Procedure Modifier - 1	Procedure modifier required when a modifier clarifies/improves the reporting accuracy of the associated procedure code	1975	Procedure Modifier - 1 must be within the valid domain of values.
MC	MC057	Procedure Modifier - 2	Procedure modifier required when a modifier clarifies/improves the reporting accuracy of the associated procedure code	1976	Procedure Modifier - 2 must be within the valid domain of values.

File Type	Element	Element Name	Element Description	Edit ID	Message
MC	MC058	ICD9-CM Procedure Code	Primary ICD9-CM code given on the claim header. Do not code decimal point	1977	ICD9-CM Procedure Code must be within the valid domain of values.
MC	MC058	ICD9-CM Procedure Code	Primary ICD9-CM code given on the claim header. Do not code decimal point	3779	The ICD9-CM Procedure Code is required when Type of Bill on Facility Claims equals 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x, or 089x.
MC	MC059	Date of Service – From	First date of service for this service line CCYYMMDD	3662	Date of Service - From may not be future date
MC	MC059	Date of Service – From	First date of service for this service line CCYYMMDD	2148	Date of Service – From is required.
MC	MC059	Date of Service – From	First date of service for this service line CCYYMMDD	2568	Date of Service – From must be in date format (YYYYMMDD) and cannot be a future date.
MC	MC060	Date of Service – To	Last date of service for this service line CCYYMMDD	2149	Date of Service – To is required.
MC	MC060	Date of Service – To	Last date of service for this service line CCYYMMDD	3663	Date of Service - Thru may not be future date
MC	MC060	Date of Service – To	Last date of service for this service line CCYYMMDD	2569	Date of Service – To must be in date format (YYYYMMDD) and cannot be a future date.
MC	MC061	Quantity	Count of services performed. Should be set equal to 1 on all Observation bed service lines, for consistency.	2609	Quantity must be in integer (no decimal points) format and cannot be negative.
MC	MC061	Quantity	Count of services performed. Should be set equal to 1 on all Observation bed service lines, for consistency.	3780	The Quantity is required when Site of Service on NSF CMS 1500 claims is populated or when Type of Bill on Facility Claims equals 012x, 013x, 014x, 022x, 023x, 032x, 033x, 034x, 043x, 071x, 072x, 073x, 074x, 075x, 076x, 079x, 081x, 082x, 083x, or 085x.
MC	MC062	Charge Amount	Do not code decimal point	2151	Charge Amount is required.
MC	MC062	Charge Amount	Do not code decimal point	2610	Charge Amount must be in integer (no decimal points) format and cannot be zero.
MC	MC063	Paid Amount	Includes any withhold amounts. Do not code decimal point.	2611	Paid Amount must be in integer (no decimal points) format and cannot be negative.
MC	MC063	Paid Amount	Includes any withhold amounts. Do not code decimal point.	3781	The Paid Amount is required when Claim Status (MC038) = 01,02,03,19,20, 21.
MC	MC064	Prepaid Amount	For capitated services, the fee for service equivalent amount. Do not include decimal point.	2153	Prepaid Amount is required.
MC	MC064	Prepaid Amount	For capitated services, the fee for service equivalent amount. Do not include decimal point.	2612	Prepaid Amount must be in integer (no decimal points) format and cannot be zero.
MC	MC065	Copay Amount	The preset, fixed dollar amount for which the individual is responsible Do not code decimal point	2154	Copay Amount is required.
MC	MC065	Copay Amount	The preset, fixed dollar amount for which the individual is responsible Do not code decimal point	2613	Copay Amount must be in integer (no decimal points) format and cannot be negative.
MC	MC066	Coinsurance Amount	Do not code decimal point	2155	Coinsurance Amount is required.
MC	MC066	Coinsurance Amount	Do not code decimal point	2614	Coinsurance Amount must be in integer (no decimal points) format and cannot be negative.
MC	MC067	Deductible Amount	Do not code decimal point	2156	Deductible Amount is required.
MC	MC067	Deductible Amount	Do not code decimal point	2615	Deductible Amount must be in integer (no decimal points) format and cannot be negative.

File Type	Element	Element Name	Element Description	Edit ID	Message
MC	MC068	Patient Control Number	Number assigned by hospital	3782	The Patient Control Number is required when Claim Status (MC094) equals 001 or 002 and Site of Service On NSF CMS 1500 Claims equals 21, 22, 23, or 24.
MC	MC069	Discharge Date	Required for all inpatient claims CCYYMMDD	3764	Discharge Date is required when Type of Bill on Facility Claims equals 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x, 089x or Type of Claim = 002 and cannot be less than the Admission Date.
MC	MC069	Discharge Date	Required for all inpatient claims CCYYMMDD	2570	Discharge Date must be in date format (YYYYMMDD) and cannot be a future date.
MC	MC070	Service PV Country Code	Country Code of PV - preferably practice location	3853	The Service PV Country Code must be within the valid domain of values.
MC	MC070	Service PV Country Code	Country Code of PV - preferably practice location	2159	Service PV Country Code is required.
MC	MC071	DRG	DRG	3783	The DRG is required when Type of Bill on Facility Claims (MC036) equals 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x or 089x Discharge Hour (MC022) and Discharge Status (MC023) are populated.
MC	MC072	DRG Version	Version number of the grouper used	3854	The DRG Version is required when DRG (MC071) is present.
MC	MC073	APC	APC	3867	APC is required when Type of Claim(MC094) = 002 and the Type of Bill on Facility Claims is 12, 13, 14, 22, 23, 32, 33, 34, 43, 71, 72, 73, 74, 75, 76, 79, 81, 82, 83 or 85 .
MC	MC074	APC Version	APC Version	3868	APC Version is required when APC is populated.
MC	MC075	Drug Code	Drug Code	2006	Drug Code must be within the valid domain of values.
MC	MC076	Billing PV Number	Payer assigned billing PV number.	2165	Billing PV Number is required.
MC	MC077	National Billing PV ID	National PV ID.	2166	National Billing PV ID is required.
MC	MC077	National Billing PV ID	National PV ID.	3665	National Billing PV ID must be ten digits long and numeric
MC	MC078	Billing PV Last Name or Organization Name	Full name of PV organization or last name of individual PV.	2167	Billing PV Last Name or Organization Name is required.
MC	MC079	PR ID Number	Must correspond to the PR file.	2168	PR ID Number is required.
MC	MC080	Reason for Adjustment	Codes to be developed.	2169	Reason for Adjustment is required.
MC	MC080	Reason for Adjustment	Codes to be developed.	3739	Reason for adjustment must be within the valid domain of values.
MC	MC081	Capitated Encounter Flag	Payment for this service is covered under a capitated arrangement. (Yes = 1, No = 0).	2701	Capitated Encounter Flag must be within the valid domain of values.
MC	MC081	Capitated Encounter Flag	Payment for this service is covered under a capitated arrangement. (Yes = 1, No = 0).	2616	Capitated Encounter Flag must be in integer (no decimal points) format .
MC	MC081	Capitated Encounter Flag	Payment for this service is covered under a capitated arrangement. (Yes = 1, No = 0).	2170	Capitated Encounter Flag is required.
MC	MC082	Member Street Address	Street address of member; used for internal geocoding processes; not released.	2171	Member Street Address is required.
MC	MC083	Other ICD-9-CM Procedure Code - 1	Other ICD-9-CM Procedure Code - 1	2008	Other ICD-9-CM Procedure Code - 1 must be within the valid domain of values.
MC	MC084	Other ICD-9-CM Procedure Code - 2	Other ICD-9-CM Procedure Code - 2	2009	Other ICD-9-CM Procedure Code - 2 must be within the valid domain of values.
MC	MC085	Other ICD-9-CM Procedure Code - 3	Other ICD-9-CM Procedure Code - 3	2010	Other ICD-9-CM Procedure Code - 3 must be within the valid domain of values.

File Type	Element	Element Name	Element Description	Edit ID	Message
MC	MC086	Other ICD-9-CM Procedure Code - 4	Other ICD-9-CM Procedure Code - 4	2011	Other ICD-9-CM Procedure Code - 4 must be within the valid domain of values.
MC	MC087	Other ICD-9-CM Procedure Code - 5	Other ICD-9-CM Procedure Code - 5	2012	Other ICD-9-CM Procedure Code - 5 must be within the valid domain of values.
MC	MC088	Other ICD-9-CM Procedure Code - 6	Other ICD-9-CM Procedure Code - 6	2013	Other ICD-9-CM Procedure Code - 6 must be within the valid domain of values.
MC	MC089	Paid Date	Paid Date	3658	Paid Date must be between the Period Begin and Period End Dates on the Transmittal Record.
MC	MC089	Paid Date	Paid Date	2178	Paid Date is required.
MC	MC089	Paid Date	Paid Date	2571	Paid Date must be in date format (YYYYMMDD) and cannot be a future date.
MC	MC090	LOINC Code	LOINC Code	3860	The LOINC Code must be within the valid domain of values.
MC	MC092	Covered Days	Amount of inpatient days paid for by carrier..	3666	Covered Days is required when Type of Claim (MC094) = 002 or when Type of Bill on Facility Claims (MC036) equals 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x or 089x.
MC	MC092	Covered Days	Amount of inpatient days paid for by carrier..	2617	Covered Days must be in integer (no decimal points) format and cannot be negative.
MC	MC093	Non Covered Days	Amount of inpatient days that were not paid for by plan for the inpatient event.	2618	Non Covered Days must be in integer (no decimal points) format and cannot be negative.
MC	MC093	Non Covered Days	Amount of inpatient days that were not paid for by plan for the inpatient event.	3667	The Non Covered Days is required when Type of Claim (MC094) = 002 and Type of Bill on Facility Claims (MC036) = 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x or 089x.
MC	MC094	Type of Claim	Type of Claim	2702	Type of Claim must be within the valid domain of values.
MC	MC094	Type of Claim	Type of Claim	2183	Type of Claim is required.
MC	MC095	Coordination of Benefits/TPL Liability Amount	Coordination of Benefits/TPL Liability Amount	2619	Coordination of Benefits/TPL Liability Amount must be in integer (no decimal points) format and cannot be zero.
MC	MC095	Coordination of Benefits/TPL Liability Amount	Coordination of Benefits/TPL Liability Amount	3784	The Coordination Of Benefits TPL Liability Amount is required when Claim Status (MC038) equals 19, 20 or 21.
MC	MC096	Other Insurance Paid Amount	Other Insurance Paid Amount	3785	The Other Insurance Paid Amount is required when Claim Status (MC038) equals 02, 03, 20, 21.
MC	MC096	Other Insurance Paid Amount	Other Insurance Paid Amount	2620	Other Insurance Paid Amount must be in integer (no decimal points) format .
MC	MC097	Medicare Paid Amount	Medicare Paid Amount	2621	Medicare Paid Amount must be in integer (no decimal points) format and cannot be negative.
MC	MC097	Medicare Paid Amount	Medicare Paid Amount	3786	The Medicare Paid Amount is required when Medicare Indicator = Y.
MC	MC098	Allowed Amount	Allowed Amount	3787	The Allowed amount is required when Claim Status does not equal 04 or 22.
MC	MC098	Allowed Amount	Allowed Amount	2622	Allowed Amount must be in integer (no decimal points) format and cannot be zero.
MC	MC099	Non-Covered Amount	Dollar amount that was charged that is above the plans limitations.	2623	Non-Covered Amount must be in integer (no decimal points) format and cannot be zero.
MC	MC099	Non-Covered Amount	Dollar amount that was charged that is above the plans limitations.	3788	The Non Covered amount is required when Claim Status equals 04 or 22.
MC	MC100	Delegated Benefit Administrator Organization ID	If the record is sourced from a delegated benefit administrator, this field contains the DHCFP assigned organization ID for the delegated benefit administrator. Contact DHCFP for the appropriate value. Report null values if not applicable.	3861	When present, the DelegatedBenefitAdministratorOrganizationID must be a valid orgid.

File Type	Element	Element Name	Element Description	Edit ID	Message
MC	MC100	Delegated Benefit Administrator Organization ID	If the record is sourced from a delegated benefit administrator, this field contains the DHCFP assigned organization ID for the delegated benefit administrator. Contact DHCFP for the appropriate value. Report null values if not applicable.	3914	Delegated Benefit Administrator Organization ID must be in integer (no decimal points) format.
MC	MC101	Subscriber Last Name	Used to create unique member ID and for internal validation processes.	2190	Subscriber Last Name is required.
MC	MC102	Subscriber First Name	Used to create unique member ID and for internal validation processes.	2191	Subscriber First Name is required.
MC	MC104	Member Last Name	Used to create unique member ID and for internal validation processes.	2193	Member Last Name is required.
MC	MC105	Member First Name	Used to create unique member ID and for internal validation processes.	2194	Member First Name is required.
MC	MC108	Procedure Modifier - 3	Procedure Modifier - 3	2017	Procedure Modifier - 3 must be within the valid domain of values.
MC	MC109	Procedure Modifier - 4	Procedure Modifier - 4	2018	Procedure Modifier - 4 must be within the valid domain of values.
MC	MC110	Claim Processed Date	Claim Processed Date	2199	Claim Processed Date is required.
MC	MC110	Claim Processed Date	Claim Processed Date	2572	Claim Processed Date must be in date format (YYYYMMDD) and cannot be a future date.
MC	MC111	Diagnostic Pointer	Diagnostic Pointer	3878	Diagnostic Pointer is required when Type of Claim (MC094) = 001.
MC	MC112	Referring PV ID	The identifier of the PV that submitted the referral for service to the specialist.	3789	The Referring PV ID is required when the Referral Indicator (MC118) equals 1.
MC	MC113	Payment Arrangement Type	Payment Arrangement Type	2019	Payment Arrangement Type must be within the valid domain of values.
MC	MC113	Payment Arrangement Type	Payment Arrangement Type	2202	Payment Arrangement Type is required.
MC	MC114	Excluded Expenses	Amount not covered due to plan limitations.	2203	Excluded Expenses is required.
MC	MC114	Excluded Expenses	Amount not covered due to plan limitations.	2624	Excluded Expenses must be in integer (no decimal points) format and cannot be negative.
MC	MC115	Medicare Indicator	Indicates if Medicare paid for part or all of services.	2204	Medicare Indicator is required.
MC	MC115	Medicare Indicator	Indicates if Medicare paid for part or all of services.	2703	Medicare Indicator must be within the valid domain of values.
MC	MC116	Withhold Amount	The amount to be paid to PV for this service is the PV qualifies/meets performance guarantees.	2625	Withhold Amount must be in integer (no decimal points) format and cannot be negative.
MC	MC117	Authorization Needed	Indicates if service required a pre authorization.	2206	Authorization Needed is required.
MC	MC117	Authorization Needed	Indicates if service required a pre authorization.	2626	Authorization Needed must be in integer (no decimal points) format .
MC	MC117	Authorization Needed	Indicates if service required a pre authorization.	2704	Authorization Needed must be within the valid domain of values.
MC	MC118	Referral Indicator	Indicates if service was preceded by a referral.	2705	Referral Indicator must be within the valid domain of values.
MC	MC118	Referral Indicator	Indicates if service was preceded by a referral.	2207	Referral Indicator is required.

File Type	Element	Element Name	Element Description	Edit ID	Message
MC	MC119	PCP Indicator	Indicates if service performed by members PCP.	2208	PCP Indicator is required.
MC	MC119	PCP Indicator	Indicates if service performed by members PCP.	2706	PCP Indicator must be within the valid domain of values.
MC	MC122	Global Payment Flag	Global Payment Flag	2707	Global Payment Flag must be within the valid domain of values.
MC	MC122	Global Payment Flag	Global Payment Flag	2211	Global Payment Flag is required.
MC	MC123	Denied Flag	Denied Flag indicating claim was denied.	2212	Denied Flag is required.
MC	MC123	Denied Flag	Denied Flag indicating claim was denied.	2708	Denied Flag must be within the valid domain of values.
MC	MC124	Denial Reason	Denial Reason	3747	Denial Reason must be within the valid domain of values.
MC	MC124	Denial Reason	Denial Reason	3812	The Denial Reason is required when the Denied Flag (MC123) = 1.
MC	MC125	Attending PV	Attending PV for hospital claims	3668	Attending PV is required when Type of Bill on Facility Claims equals 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x, or 089x and Type of Claim = 002
MC	MC126	Accident Indicator	Indicates if service is related to an accident rather than an illness.	2709	Accident Indicator must be within the valid domain of values.
MC	MC126	Accident Indicator	Indicates if service is related to an accident rather than an illness.	2215	Accident Indicator is required.
MC	MC127	Family Planning Indicator	A flag that indicates if family planning services were provided.	2023	Family Planning Indicator must be within the valid domain of values.
MC	MC127	Family Planning Indicator	A flag that indicates if family planning services were provided.	3869	The Family Planning Indicator is required when Type of Claim = 001.
MC	MC128	Employment Related Indicator	Flag indicating is claim was related to employment accident.	2710	Employment Related Indicator must be within the valid domain of values.
MC	MC128	Employment Related Indicator	Flag indicating is claim was related to employment accident.	2217	Employment Related Indicator is required.
MC	MC129	EPSDT Indicator	A flag that indicates if service was related to EPSDT and the type of EPSDT service such as screening, treatment or referral.	2024	EPSDT Indicator must be within the valid domain of values.
MC	MC129	EPSDT Indicator	A flag that indicates if service was related to EPSDT and the type of EPSDT service such as screening, treatment or referral.	3870	The EPSDT Indicator is required when Type of Claim = 001.
MC	MC130	Procedure Code Type	Pick CPT, HCPCS, Rev Code, etc.	2711	Procedure Code Type must be within the valid domain of values.
MC	MC130	Procedure Code Type	Pick CPT, HCPCS, Rev Code, etc.	2219	Procedure Code Type is required.
MC	MC131	InNetwork Indicator	Indicates if the claims was paid at in or out of network rates or if there is no network.	2220	InNetwork Indicator is required.
MC	MC131	InNetwork Indicator	Indicates if the claims was paid at in or out of network rates or if there is no network.	2712	InNetwork Indicator must be within the valid domain of values.
MC	MC132	Service Class	Field used to define service class for Medicaid PCC members receiving behavioral health.	2026	Service Class must be within the valid domain of values.

File Type	Element	Element Name	Element Description	Edit ID	Message
MC	MC134	Plan Rendering PV Identifier	Unique code which identifies for the carrier who or which individual PV cared for the patient for the claim line in question. This code must be able to link to the PV file. Any value in this field must also show up as a value in field PV002.	2223	Plan Rendering PV Identifier is required.
MC	MC135	PV Location	Unique code which identifies the location/site of the service provided identified in MC134. The code should link to a PV record in PV002 (PV ID) and indicate that the service was performed at a specific location; eg: Dr.	2224	PV Location is required.
MC	MC136	Discharge Diagnosis	The ICD9 Diagnosis code given to a member upon discharge, which may or may not be the same as the primary diagnosis and admitting diagnosis.	3736	DischargeDiagnosis must be within the valid domain of values.
MC	MC136	Discharge Diagnosis	The ICD9 Diagnosis code given to a member upon discharge, which may or may not be the same as the primary diagnosis and admitting diagnosis.	3790	The Discharge Diagnosis is required when the Type of Bill on Facility Claims equals 11, 18, 21, 28, 41, 65, 66, 84, 86, or 89 and the Type of Claim = 002 and when the Discharge Status (MC023) does not equal 30.
MC	MC137	Carrier Specific Unique Member ID	This is the number the carrier uses internally to uniquely identify the member. This field will be encrypted.	2226	Carrier Specific Unique Member ID is required.
MC	MC138	Claim Line Type	Code indicating type of record.	2227	Claim Line Type is required.
MC	MC138	Claim Line Type	Code indicating type of record.	2713	Claim Line Type must be within the valid domain of values.
MC	MC139	Former Claim Number	If this is not an original claim, the previous claim number that this claim is replacing/voiding.	3855	The Former Claim Number is required when Claim Line Type (MC138) = V, R, B, or A.
MC	MC140	Member address 2	Address of member which may include apartment number or suite, or other secondary information besides the street.	3814	The Member Address 2 is required when the Member Street Address (MC082) is not present.
MC	MC141	Carrier Specific Unique Subscriber ID	This is the number the carrier uses internally to uniquely identify the subscriber. This field will be encrypted.	2230	Carrier Specific Unique Subscriber ID is required.
MC	MC899	Record Type	MC	3669	Record Type must match the Record Type on the Header and the Record Type on the Trailer
MC	MC899	Record Type	MC	2231	Record Type is required.
ME	ME001	Payer	Payer submitting payments, Council Submitter Code	211	The Payer Field within each record of the file must match the Payer Field on the Header Record.
ME	ME001	Payer	Payer submitting payments, Council Submitter Code	2383	Payer is required.
ME	ME002	National Plan ID	CMS National Plan ID	3670	The National Plan ID within each record of the file must match the National Plan ID on the Header Record.
ME	ME003	Insurance Type Code/PR	See tlkpInsuranceType	1947	Insurance Type Code/PR must be within the valid domain of values.
ME	ME003	Insurance Type Code/PR	See tlkpInsuranceType	2385	Insurance Type Code/PR is required.

File Type	Element	Element Name	Element Description	Edit ID	Message
ME	ME004	Year	Year for which eligibility is reported in this submission	2660	Year must be in integer (no decimal points) format .
ME	ME004	Year	Year for which eligibility is reported in this submission	2386	Year is required.
ME	ME004	Year	Year for which eligibility is reported in this submission	3671	Year must be 4 digits and be within the begin and end date on the header file.
ME	ME005	Month	Month for which eligibility is reported in this submission	2387	Month is required.
ME	ME005	Month	Month for which eligibility is reported in this submission	2661	Month must be in integer (no decimal points) format, cannot be negative and cannot be zero.
ME	ME006	Insured Group or Policy Number	Group or policy number (not the number that uniquely identifies the subscriber)	2388	Insured Group or Policy Number is required.
ME	ME007	Coverage Level Code	See tlkpCoverage	2389	Coverage Level Code is required.
ME	ME007	Coverage Level Code	See tlkpCoverage	1948	Coverage Level Code must be within the valid domain of values.
ME	ME008	Subscriber Unique Identification Number	Subscriber's unique identification number (set as null if unavailable)	3733	SubscriberUniqueIdentificationNumber must be 9 digits and numeric.
ME	ME008	Subscriber Unique Identification Number	Subscriber's unique identification number (set as null if unavailable)	2390	Subscriber Unique Identification Number is required.
ME	ME008	Subscriber Unique Identification Number	Subscriber's unique identification number (set as null if unavailable)	3903	Subscriber Unique Identification Number must be in integer (no decimal points) format, cannot be zero and cannot be negative.
ME	ME009	Plan Specific Contract Number	Plan assigned contract number (set as null if contract number = subscriber's social security number)	2391	Plan Specific Contract Number is required.
ME	ME010	Member Suffix or Sequence Number	Uniquely numbers the member within the contract	2392	Member Suffix or Sequence Number is required.
ME	ME011	Member Identification Code	Encrypted member's unique identification number (set as null if unavailable)	2393	Member Identification Code is required.
ME	ME011	Member Identification Code	Encrypted member's unique identification number (set as null if unavailable)	3734	MemberIdentificationCode must be 9 digits and numeric.
ME	ME011	Member Identification Code	Encrypted member's unique identification number (set as null if unavailable)	3904	Member Identification Code must be in integer (no decimal points) format, cannot be zero and cannot be negative.
ME	ME012	Individual Relationship Code	Member's relationship to insured as in tlkpEligibilityIndividualRelationship	1949	Individual Relationship Code must be within the valid domain of values.
ME	ME012	Individual Relationship Code	Member's relationship to insured as in tlkpEligibilityIndividualRelationship	2394	Individual Relationship Code is required.
ME	ME012	Individual Relationship Code	Member's relationship to insured as in tlkpEligibilityIndividualRelationship	2662	Individual Relationship Code must be in integer (no decimal points) format .
ME	ME013	Member Gender	M Male	2395	Member Gender is required.
ME	ME013	Member Gender	M Male	1950	Member Gender must be within the valid domain of values.
ME	ME014	Member Date of Birth	CCYYMMDD	3844	The Member Date of Birth cannot be a future date.
ME	ME014	Member Date of Birth	CCYYMMDD	2396	Member Date of Birth is required.
ME	ME014	Member Date of Birth	CCYYMMDD	2583	Member Date of Birth must be in date format (YYYYMMDD) and cannot be a future date.
ME	ME015	Member City Name	City name of member	2397	Member City Name is required.
ME	ME016	Member State or Province	As defined by the US Postal Service	2398	Member State or Province is required.
ME	ME016	Member State or Province	As defined by the US Postal Service	3845	The Member State or Province must be within the valid domain of values.

File Type	Element	Element Name	Element Description	Edit ID	Message
ME	ME017	Member ZIP Code	ZIP Code of member – may include non-US codes. (Do not include dash)	3846	The Member ZIP Code must be within the valid domain of values.
ME	ME017	Member ZIP Code	ZIP Code of member – may include non-US codes. (Do not include dash)	3847	The Subscriber State or Province must be within the valid domain of values.
ME	ME017	Member ZIP Code	ZIP Code of member – may include non-US codes. (Do not include dash)	2399	Member ZIP Code is required.
ME	ME018	Medical Coverage	Y = Yes, N = No	2400	Medical Coverage is required.
ME	ME018	Medical Coverage	Y = Yes, N = No	1951	Medical Coverage must be within the valid domain of values.
ME	ME019	Prescription Drug Coverage	Y = Yes, N = No	1952	Prescription Drug Coverage must be within the valid domain of values.
ME	ME019	Prescription Drug Coverage	Y = Yes, N = No	2401	Prescription Drug Coverage is required.
ME	ME020	Dental Coverage	Dental Coverage: Y/N	2685	Dental Coverage must be within the valid domain of values.
ME	ME020	Dental Coverage	Dental Coverage: Y/N	2402	Dental Coverage is required.
ME	ME021	Race 1	See tlkpRace	2403	Race 1 is required.
ME	ME021	Race 1	See tlkpRace	1953	Race 1 must be within the valid domain of values.
ME	ME022	Race 2	See tlkpRace	1954	Race 2 must be within the valid domain of values.
ME	ME022	Race 2	See tlkpRace	2404	Race 2 is required.
ME	ME023	Other Race	Patient Race, if Race 1 or Race 2 is entered as R9 Other Race (set as null if none)	3815	The Other Race is required when the Race 2 (ME022) or Race 1 (ME021) = R9.
ME	ME024	Hispanic Indicator	Hispanic Indicator	1955	Hispanic Indicator must be within the valid domain of values.
ME	ME024	Hispanic Indicator	Hispanic Indicator	2406	Hispanic Indicator is required.
ME	ME025	Ethnicity 1	See tlkpEthnicity	2407	Ethnicity 1 is required.
ME	ME025	Ethnicity 1	See tlkpEthnicity	1956	Ethnicity 1 must be within the valid domain of values.
ME	ME026	Ethnicity 2	See tlkpEthnicity	1957	Ethnicity 2 must be within the valid domain of values.
ME	ME026	Ethnicity 2	See tlkpEthnicity	2408	Ethnicity 2 is required.
ME	ME027	Other Ethnicity	Patient Ethnicity if Ethnicity 1 or Ethnicity 2 is entered as OTHER Ethnicity. (set as null if none)	3816	The Other Ethnicity is required when the Ethnicity 1 (ME025) or Ethnicity 1 (ME026) = Other.
ME	ME028	Primary Insurance Indicator	Primary Insurance Indicator	2686	Primary Insurance Indicator must be within the valid domain of values.
ME	ME028	Primary Insurance Indicator	Primary Insurance Indicator	2410	Primary Insurance Indicator is required.
ME	ME029	Coverage Type	Fully insured, self insured, etc..	2411	Coverage Type is required.
ME	ME029	Coverage Type	Fully insured, self insured, etc..	2027	Coverage Type must be within the valid domain of values.
ME	ME030	Market Category Code	Type of market and group size.	2028	Market Category Code must be within the valid domain of values.
ME	ME030	Market Category Code	Type of market and group size.	2412	Market Category Code is required.
ME	ME031	Special Coverage	Special Coverage	2687	Special Coverage must be within the valid domain of values.
ME	ME033	Member Language Preference	Member Language Preference	1991	Member Language Preference must be within the valid domain of values.
ME	ME033	Member Language Preference	Member Language Preference	2415	Member Language Preference is required.
ME	ME034	Member Language Preference -- Other	Member Language Preference -- Other	3817	The Other Language Preference is required when the Member Language Preference (ME033) = Other.
ME	ME035	Health Care Home Assigned Flag	Indicates if member has been assigned a medical/healthcare home.	2688	Health Care Home Assigned Flag must be within the valid domain of values.
ME	ME035	Health Care Home Assigned Flag	Indicates if member has been assigned a medical/healthcare home.	2417	Health Care Home Assigned Flag is required.
ME	ME036	Health Care Home Number	Filled when healthcare home is assigned.	3791	The Health Care Home Number is required when Home Health Care Assigned Flag (ME035) equals 1.

File Type	Element	Element Name	Element Description	Edit ID	Message
ME	ME037	Health Care Home Tax ID Number	Filled when healthcare home is assigned.	3792	The Health Care Home Tax ID Number is required when Home Health Care Assigned Flag (ME035) equals 1.
ME	ME037	Health Care Home Tax ID Number	Filled when healthcare home is assigned.	3905	Health Care Home Tax ID Number must be in integer (no decimal points) format, cannot be zero and cannot be negative.
ME	ME038	Health Care Home National PV ID	Filled when healthcare home is assigned.	3793	The Health Care National PV ID is required (and must be 10 numbers long) when Home Health Care Assigned Flag (ME035) equals 1.
ME	ME039	Health Care Home Name	Filled when healthcare home is assigned.	3794	The Health Care Home Name is required when Home Health Care Assigned Flag (ME035) equals 1.
ME	ME040	PR ID Number	Corresponds to the PR file data element PR003.	2422	PR ID Number is required.
ME	ME041	PR Enrollment Start Date	PR Enrollment Start Date	2423	PR Enrollment Start Date is required.
ME	ME041	PR Enrollment Start Date	PR Enrollment Start Date	2584	PR Enrollment Start Date must be in date format (YYYYMMDD) and cannot be a future date.
ME	ME042	PR Enrollment End Date	PR Enrollment End Date	2585	PR Enrollment End Date must be in date format (YYYYMMDD).
ME	ME042	PR Enrollment End Date	PR Enrollment End Date	3677	If not NULL, Enrollment End Date must be > Enrollment Start Date
ME	ME043	Member Street Address	Member Street Address	2425	Member Street Address is required.
ME	ME046	Member PCP ID	Member PCP ID	3678	Member PCP ID must be present when Member PCP Effective Date (ME047) is present.
ME	ME047	Member PCP Effective Date	Member enrollment begin date with PCP.	3679	Member PCP Effective Date is required when Member PCP ID does not equal 999999999U.
ME	ME047	Member PCP Effective Date	Member enrollment begin date with PCP.	2586	Member PCP Effective Date must be in date format (YYYYMMDD) and cannot be a future date.
ME	ME048	Member PCP Termination Date	Member termination date from that PCP.	2587	Member PCP Termination Date must be in date format (YYYYMMDD).
ME	ME048	Member PCP Termination Date	Member termination date from that PCP.	3680	If not Null, Member PCP Termination Date cannot be prior to the Member PCP Effective date.
ME	ME049	Member Deductible	Amount of members annual deductible (could also be interpreted from PR file).	2663	Member Deductible must be in integer (no decimal points) format and cannot be negative.
ME	ME050	Member Deductible Used	The amount to date the member has paid into deductible. This helps determine utilization patterns before and after the member meets their annual deductible..	2664	Member Deductible Used must be in integer (no decimal points) format and cannot be negative.
ME	ME050	Member Deductible Used	The amount to date the member has paid into deductible. This helps determine utilization patterns before and after the member meets their annual deductible..	3818	The Member Deductible Used is required when the Member Deductible (ME049) is greater than zero.
ME	ME051	Behavioral Health Benefit Flag	Indicates if BH is covered benefit.	2689	Behavioral Health Benefit Flag must be within the valid domain of values.
ME	ME051	Behavioral Health Benefit Flag	Indicates if BH is covered benefit.	2433	Behavioral Health Benefit Flag is required.
ME	ME051	Behavioral Health Benefit Flag	Indicates if BH is covered benefit.	2665	Behavioral Health Benefit Flag must be in integer (no decimal points) format .
ME	ME052	Laboratory Benefit Flag	dictates if lab is covered benefit.	2434	Laboratory Benefit Flag is required.
ME	ME052	Laboratory Benefit Flag	dictates if lab is covered benefit.	2690	Laboratory Benefit Flag must be within the valid domain of values.
ME	ME053	Disease Management Enrollee Flag	Determines if the members chronic illness is being managed by a vendor.	2697	Disease Management Enrollee Flag must be within the valid domain of values.
ME	ME053	Disease Management Enrollee Flag	Determines if the members chronic illness is being managed by a vendor.	2435	Disease Management Enrollee Flag is required.
ME	ME053	Disease Management Enrollee Flag	Determines if the members chronic illness is being managed by a vendor.	2666	Disease Management Enrollee Flag must be in integer (no decimal points) format .
ME	ME054	Eligibility Determination Date	Date ME determined.	2588	Eligibility Determination Date must be in date format (YYYYMMDD) and cannot be a future date.
ME	ME054	Eligibility Determination Date	Date ME determined.	3682	Eligibility Determination Date cannot be greater than the month of the submission file
ME	ME054	Eligibility Determination Date	Date ME determined.	3766	Eligibility Determination Date is cannot be before the PR Enrollment Date (ME041).

File Type	Element	Element Name	Element Description	Edit ID	Message
ME	ME056	Last Activity Date	Last activity/change on member enrollment file for this member.	3683	Last Activity Date cannot be greater than the month of the submission file
ME	ME056	Last Activity Date	Last activity/change on member enrollment file for this member.	2589	Last Activity Date must be in date format (YYYYMMDD) and cannot be a future date.
ME	ME057	Date of Death	Date member expired.	3684	If not Null, Date of death cannot be greater than the month of the submission file
ME	ME057	Date of Death	Date member expired.	2590	Date of Death must be in date format (YYYYMMDD) and cannot be a future date.
ME	ME058	Subscriber Street Address	Address of the subscriber.	2440	Subscriber Street Address is required.
ME	ME059	Disability Indicator Flag	Determines if there is a disability claim for this member?	2441	Disability Indicator Flag is required.
ME	ME059	Disability Indicator Flag	Determines if there is a disability claim for this member?	2667	Disability Indicator Flag must be in integer (no decimal points) format .
ME	ME059	Disability Indicator Flag	Determines if there is a disability claim for this member?	2692	Disability Indicator Flag must be within the valid domain of values.
ME	ME060	Employment Status	active, retired, leave	2693	Employment Status must be within the valid domain of values.
ME	ME061	Student Status	Determines if member is a student.	2694	Student Status must be within the valid domain of values.
ME	ME061	Student Status	Determines if member is a student.	2443	Student Status is required.
ME	ME062	Marital Status	Shows marital status of member.	2039	Marital Status must be within the valid domain of values.
ME	ME062	Marital Status	Shows marital status of member.	2444	Marital Status is required.
ME	ME063	Benefit Status	determines status of benefits for employee.	2445	Benefit Status is required.
ME	ME063	Benefit Status	determines status of benefits for employee.	2695	Benefit Status must be within the valid domain of values.
ME	ME064	Employee Type	(eg: hourly, salaried, temp)	2040	Employee Type must be within the valid domain of values.
ME	ME064	Employee Type	(eg: hourly, salaried, temp)	2446	Employee Type is required.
ME	ME065	Date of Retirement	Date GIC employee retired	2591	Date of Retirement must be in date format (YYYYMMDD).
ME	ME065	Date of Retirement	Date GIC employee retired	3795	The Date of Retirement is required when Employment Status (ME060) equals Retiree.
ME	ME066	COBRA Status	Indicates if member is covered using COBRA benefit.	2696	COBRA Status must be within the valid domain of values.
ME	ME066	COBRA Status	Indicates if member is covered using COBRA benefit.	2448	COBRA Status is required.
ME	ME066	COBRA Status	Indicates if member is covered using COBRA benefit.	2668	COBRA Status must be in integer (no decimal points) format .
ME	ME067	Spouse Plan Type	Used when spouse of employee selects Medicare coverage, which is separate from GIC.	2041	Spouse Plan Type must be within the valid domain of values.
ME	ME068	Spouse Plan	when spouse of employee selects Medicare coverage, which is separate from GIC..	2726	Spouse Plan must be within the valid domain of values.
ME	ME069	Spouse Medical Coverage	Used when spouse of employee selects Medicare coverage, which is separate from GIC.	2727	Spouse Medical Coverage must be within the valid domain of values.
ME	ME070	Spouse Medicare Indicator	Used when spouse of employee selects Medicare coverage, which is separate from GIC.	2728	Spouse Medicare Indicator must be within the valid domain of values.
ME	ME073	Fully Insured Member	1 = Yes, Member is fully insured	2043	Fully Insured Member must be within the valid domain of values.

File Type	Element	Element Name	Element Description	Edit ID	Message
ME	ME073	Fully Insured Member	1 = Yes, Member is fully insured	2455	Fully Insured Member is required.
ME	ME074	Interpreter	Does member require interpreter	3722	Interpreter must be within the valid domain of values.
ME	ME075	NewMMISID	This is the unique ID that NewMMIS uses to uniquely identify a member. (This field is for MassHealth, Medicaid MCOs, or Carriers that offer Commonwealth Care.)	3685	NewMMIS ID must be in valid format and length and is required when Year (ME004) and Month (ME005) is greater than 200904.
ME	ME076	Member rating category		2044	Member rating category must be within the valid domain of values.
ME	ME081	Medicare Code	A code indicating if Medicare coverage applies and, if so, the type of Medicare coverage.	2698	Medicare Code must be within the valid domain of values.
ME	ME081	Medicare Code	A code indicating if Medicare coverage applies and, if so, the type of Medicare coverage.	2463	Medicare Code is required.
ME	ME083	Employer EIN	Employer EIN	3906	Employer EIN must be in integer (no decimal points) format, cannot be zero and cannot be negative.
ME	ME101	Subscriber Last Name	Subscriber Last Name	2466	Subscriber Last Name is required.
ME	ME102	Subscriber First Name	Subscriber First Name	2467	Subscriber First Name is required.
ME	ME103	Subscriber Middle Initial	Subscriber Middle Initial	2468	Subscriber Middle Initial is required.
ME	ME104	Member Last Name	Member Last Name	2469	Member Last Name is required.
ME	ME105	Member First Name	Member First Name	2470	Member First Name is required.
ME	ME106	Member Middle Initial	Member Middle Initial	2471	Member Middle Initial is required.
ME	ME107	Carrier Specific Unique Member ID	This is the number the carrier uses internally to uniquely identify the member. This field will be encrypted upon intake.	2472	Carrier Specific Unique Member ID is required.
ME	ME108	Subscriber City Name	Subscriber City Name	2473	Subscriber City Name is required.
ME	ME109	Subscriber State or Province	The state of the subscribers residence. As defined by the US Postal Service	2474	Subscriber State or Province is required.
ME	ME110	Subscriber ZIP Code	5 or 9 digit Zip Code as defined by the United States Postal Service. When submitting the 9-digit Zip Code do not include hyphen; see External Code Source	2475	Subscriber ZIP Code is required.
ME	ME110	Subscriber ZIP Code	5 or 9 digit Zip Code as defined by the United States Postal Service. When submitting the 9-digit Zip Code do not include hyphen; see External Code Source	3687	Subscriber ZIP Code must match Subscriber City Name
ME	ME111	Medical Deductible	The annual amount of the members deductible that is applied to medical services before certain services are covered. This is the Base Deductible for General Services. Code zero cents (00) where applicable. Example: 150.00 will be reported as 15000.	3796	The Medical Deductible is required when Medical Coverage (ME018) equals 1.

File Type	Element	Element Name	Element Description	Edit ID	Message
ME	ME111	Medical Deductible	The annual amount of the members deductible that is applied to medical services before certain services are covered. This is the Base Deductible for General Services. Code zero cents (00) where applicable. Example: 150.00 will be reported as 15000.	2669	Medical Deductible must be in integer (no decimal points) format and cannot be negative.
ME	ME112	Pharmacy Deductible	The annual amount of the members deductible that is applied to pharmacy before certain prescriptions are covered. If patient deductible only applies to medical services then fill this field with 0. This is the Base Deductible for General Services. Code zero cents (00) where applicable. Example: 150.00 will be reported as 15000	2670	Pharmacy Deductible must be in integer (no decimal points) format and cannot be negative.
ME	ME112	Pharmacy Deductible	The annual amount of the members deductible that is applied to pharmacy before certain prescriptions are covered. If patient deductible only applies to medical services then fill this field with 0. This is the Base Deductible for General Services. Code zero cents (00) where applicable. Example: 150.00 will be reported as 15000	3797	The Pharmacy Deductible is required when Pharmacy Coverage (ME019) equals 1.
ME	ME113	Medical and Pharmacy Deductible	This field should be filled in when the deductible is not strictly based on medical or strictly on pharmacy out of pocket costs, but on the combination of the two. If patient deductible only applies to medical services then fill this field with 0.This is the Base Deductible for General Services. Code zero cents (00) where applicable. Example: 150.00 will be reported as 15000.	3798	The Medical and Pharmacy Deductible is required when Medical and Pharmacy Coverage (ME018 and ME019) equal 1.
ME	ME113	Medical and Pharmacy Deductible	This field should be filled in when the deductible is not strictly based on medical or strictly on pharmacy out of pocket costs, but on the combination of the two. If patient deductible only applies to medical services then fill this field with 0.This is the Base Deductible for General Services. Code zero cents (00) where applicable. Example: 150.00 will be reported as 15000.	2671	Medical and Pharmacy Deductible must be in integer (no decimal points) format and cannot be negative.

File Type	Element	Element Name	Element Description	Edit ID	Message
ME	ME114	Behavioral Health Deductible	The annual amount of the members deductible that is applied to behavioral health services before certain behavioral health services are covered. This is the Base Deductible for General Services.Code zero cents (00) where applicable. Example: 150.00 will be reported as 15000	2672	Behavioral Health Deductible must be in integer (no decimal points) format and cannot be negative.
ME	ME114	Behavioral Health Deductible	The annual amount of the members deductible that is applied to behavioral health services before certain behavioral health services are covered. This is the Base Deductible for General Services.Code zero cents (00) where applicable. Example: 150.00 will be reported as 15000	3819	The Behavioral Health Deductible is required when the Behavioral Health Benefit Flag (ME051) equals 1.
ME	ME115	Dental Deductible	The annual amount of the members deductible that is applied to dental services before certain dental services are covered.This is the Base Deductible for General Services. Code zero cents (00) where applicable. Example: 150.00 will be reported as 15000.	3877	Dental Deductible is required when Dental Coverage (ME020) = 1.
ME	ME115	Dental Deductible	The annual amount of the members deductible that is applied to dental services before certain dental services are covered.This is the Base Deductible for General Services. Code zero cents (00) where applicable. Example: 150.00 will be reported as 15000.	2673	Dental Deductible must be in integer (no decimal points) format and cannot be negative.
ME	ME116	Vision Deductible	The annual amount of the members deductible that is applied to vision services before certain vision services are covered. This is the Base Deductible for General Services. Code zero cents (00) where applicable. Example: 150.00 will be reported as 15000	2674	Vision Deductible must be in integer (no decimal points) format and cannot be negative.
ME	ME116	Vision Deductible	The annual amount of the members deductible that is applied to vision services before certain vision services are covered. This is the Base Deductible for General Services. Code zero cents (00) where applicable. Example: 150.00 will be reported as 15000	3866	The Vision Deductible is required when Vision Benefit (ME118) = 1.

File Type	Element	Element Name	Element Description	Edit ID	Message
ME	ME117	Carrier Specific Unique Subscriber ID	This is the number the carrier uses internally to uniquely identify the subscriber. This field will be encrypted upon intake.	2482	Carrier Specific Unique Subscriber ID is required.
ME	ME118	Vision Benefit	1 = Yes, Vision is a covered benefit.	2483	Vision Benefit is required.
ME	ME118	Vision Benefit	1 = Yes, Vision is a covered benefit.	2675	Vision Benefit must be in integer (no decimal points) format .
ME	ME118	Vision Benefit	1 = Yes, Vision is a covered benefit.	2699	Vision Benefit must be within the valid domain of values.
ME	ME899	Record Type	ME	2484	Record Type is required.
ME	ME899	Record Type	ME	3723	RecordType must match the RecordType in the header and the trailer.
PC	PC001	Payer	Payer submitting payments , Council Submitter Code	1944	The Payer Field within each record of the file must match the Payer Field on the Header Record.
PC	PC001	Payer	Payer submitting payments , Council Submitter Code	2232	Payer is required.
PC	PC002	Plan ID	CMS National Plan ID	3688	Plan ID field must match the Plan ID on the Header Record
PC	PC003	Insurance Type Code/PR	See tlkpPharmacyInsuranceType	1979	Insurance Type Code/PR must be within the valid domain of values.
PC	PC003	Insurance Type Code/PR	See tlkpPharmacyInsuranceType	2234	Insurance Type Code/PR is required.
PC	PC004	Payer Claim Control Number	Must apply to the entire claim and be unique within the payer's system	2235	Payer Claim Control Number is required.
PC	PC005	Line Counter	Line number for this service	2236	Line Counter is required.
PC	PC005	Line Counter	Line number for this service	2627	Line Counter must be in integer (no decimal points) format , cannot be negative and cannot be zero.
PC	PC005A	Version Number	Claim Service Version Number.	2628	Version Number must be in integer (no decimal points) format and cannot be negative.
PC	PC005A	Version Number	Claim Service Version Number.	2237	Version Number is required.
PC	PC006	Insured Group or Policy Number	Group or policy number - not the number that uniquely identifies the subscriber	2238	Insured Group or Policy Number is required.
PC	PC007	Subscriber SSN	Subscribers social security number (set as null if unavailable); used to create unique member ID. If PC011=20 and PC107=PC108 this field is optional.	2239	Subscriber SSN is required.
PC	PC007	Subscriber SSN	Subscribers social security number (set as null if unavailable); used to create unique member ID. If PC011=20 and PC107=PC108 this field is optional.	3731	Subscriber SSN must be 9 digits, numeric and in valid format.
PC	PC007	Subscriber SSN	Subscribers social security number (set as null if unavailable); used to create unique member ID. If PC011=20 and PC107=PC108 this field is optional.	3907	Subscriber SSN must be in integer (no decimal points) format, cannot be zero and cannot be negative.
PC	PC008	Plan Specific Contract Number	Encrypted plan assigned contract number Set as null if contract number = subscriber's social security number	2240	Plan Specific Contract Number is required.
PC	PC009	Member Suffix or Sequence Number	Uniquely numbers the member within the contract	2241	Member Suffix or Sequence Number is required.
PC	PC010	Member SSN	Members social security number (set as null if unavailable)	2242	Member SSN is required.

File Type	Element	Element Name	Element Description	Edit ID	Message
PC	PC010	Member SSN	Members social security number (set as null if unavailable)	3730	Member SSN must be 9 digits, numeric and in valid format.
PC	PC010	Member SSN	Members social security number (set as null if unavailable)	3908	Member SSN must be in integer (no decimal points) format, cannot be zero and cannot be negative.
PC	PC011	Individual Relationship Code	See tlkpClaimIndividualRelationship	1980	Individual Relationship Code must be within the valid domain of values.
PC	PC011	Individual Relationship Code	See tlkpClaimIndividualRelationship	2243	Individual Relationship Code is required.
PC	PC011	Individual Relationship Code	See tlkpClaimIndividualRelationship	2629	Individual Relationship Code must be in integer (no decimal points) format .
PC	PC012	Member Gender	1 Male, 2 Female, 3 Unknown	2244	Member Gender is required.
PC	PC012	Member Gender	1 Male, 2 Female, 3 Unknown	1981	Member Gender must be within the valid domain of values.
PC	PC013	Member Date of Birth	CCYYMMDD	3833	The Member Date of Birth cannot be greater than the date of service.
PC	PC013	Member Date of Birth	CCYYMMDD	2245	Member Date of Birth is required.
PC	PC013	Member Date of Birth	CCYYMMDD	2573	Member Date of Birth must be in date format (YYYYMMDD) and cannot be a future date.
PC	PC014	Member City Name of Residence	City name of member	2246	Member City Name of Residence is required.
PC	PC015	Member State	As defined by the US Postal Service	2247	Member State is required.
PC	PC015	Member State	As defined by the US Postal Service	3834	The Member State must be within the valid domain of values.
PC	PC016	Member ZIP Code	ZIP Code of member - may include non-US codes. Do not include dash.	2248	Member ZIP Code is required.
PC	PC017	Date Service Approved (AP Date)	CCYYMMDD (Generally the same as the paid date or the Pharmacy Benefits Manager's billing date)	2249	Date Service Approved (AP Date) is required.
PC	PC017	Date Service Approved (AP Date)	CCYYMMDD (Generally the same as the paid date or the Pharmacy Benefits Manager's billing date)	2574	Date Service Approved (AP Date) must be in date format (YYYYMMDD).
PC	PC018	Pharmacy Number	pharmacy number (NCPDP or NABP)	2250	Pharmacy Number is required.
PC	PC019	Pharmacy Tax ID Number	Federal taxpayer's identification number. (Please provide the pharmacy chain's federal tax identification number, if the individual retail pharmacy's tax ID# is not available.)	2251	Pharmacy Tax ID Number is required.
PC	PC019	Pharmacy Tax ID Number	Federal taxpayer's identification number. (Please provide the pharmacy chain's federal tax identification number, if the individual retail pharmacy's tax ID# is not available.)	3767	The Pharmacy Tax ID must be 9 digits.
PC	PC019	Pharmacy Tax ID Number	Federal taxpayer's identification number. (Please provide the pharmacy chain's federal tax identification number, if the individual retail pharmacy's tax ID# is not available.)	3909	Pharmacy Tax ID Number must be in integer (no decimal points) format, cannot be zero and cannot be negative.
PC	PC020	Pharmacy Name	Name of pharmacy	2252	Pharmacy Name is required.
PC	PC021	National Pharmacy ID Number	Required if National PV ID is mandated for use under HIPAA	2253	National Pharmacy ID Number is required.
PC	PC021	National Pharmacy ID Number	Required if National PV ID is mandated for use under HIPAA	3768	The National Pharmacy ID Number must be 10 digits.

File Type	Element	Element Name	Element Description	Edit ID	Message
PC	PC021	National Pharmacy ID Number	Required if National PV ID is mandated for use under HIPAA	2050	NULL
PC	PC022	Pharmacy Location City	City name of pharmacy - preferably pharmacy location	2254	Pharmacy Location City is required.
PC	PC023	Pharmacy Location State	As defined by the US Postal Service	2255	Pharmacy Location State is required.
PC	PC023	Pharmacy Location State	As defined by the US Postal Service	3835	The Pharmacy Location State must be within the valid domain of values.
PC	PC024	Pharmacy ZIP Code	ZIP Code of pharmacy - may include non-US codes. Do not include dash	3836	The Pharmacy Zip Code must be within the valid domain of values.
PC	PC024	Pharmacy ZIP Code	ZIP Code of pharmacy - may include non-US codes. Do not include dash	2256	Pharmacy ZIP Code is required.
PC	PC024A	Pharmacy Country Code	Country Code of pharmacy	2257	Pharmacy Country Code is required.
PC	PC024A	Pharmacy Country Code	Country Code of pharmacy	3837	The Pharmacy Country Code must be within the valid domain of values.
PC	PC025	Claim Status	See tlkpClaimStatus	1984	Claim Status must be within the valid domain of values.
PC	PC025	Claim Status	See tlkpClaimStatus	2630	Claim Status must be in integer (no decimal points) format .
PC	PC025	Claim Status	See tlkpClaimStatus	2258	Claim Status is required.
PC	PC026	Drug Code	NDC Code	2259	Drug Code is required.
PC	PC026	Drug Code	NDC Code	1985	Drug Code must be within the valid domain of values.
PC	PC027	Drug Name	Text name of drug	2260	Drug Name is required.
PC	PC028	New Prescription or Refill	00 = new prescription, else number of refill	2261	New Prescription or Refill is required.
PC	PC028	New Prescription or Refill	00 = new prescription, else number of refill	2631	New Prescription or Refill must be in integer (no decimal points) format and cannot be negative.
PC	PC029	Generic Drug Indicator	N No, branded drug, Y Yes, generic Drug	2262	Generic Drug Indicator is required.
PC	PC029	Generic Drug Indicator	N No, branded drug, Y Yes, generic Drug	1987	Generic Drug Indicator must be within the valid domain of values.
PC	PC030	Dispense as Written Code	See tlkpDispenseAsWritten	1988	Dispense as Written Code must be within the valid domain of values.
PC	PC030	Dispense as Written Code	See tlkpDispenseAsWritten	2263	Dispense as Written Code is required.
PC	PC030	Dispense as Written Code	See tlkpDispenseAsWritten	2632	Dispense as Written Code must be in integer (no decimal points) format .
PC	PC031	Compound Drug Indicator	See tlkpCompoundDrug	2264	Compound Drug Indicator is required.
PC	PC031	Compound Drug Indicator	See tlkpCompoundDrug	1989	Compound Drug Indicator must be within the valid domain of values.
PC	PC032	Date Prescription Filled	CCYYMMDD	3799	The Date Prescription filled cannot be greater than the Date Prescription written.
PC	PC032	Date Prescription Filled	CCYYMMDD	2265	Date Prescription Filled is required.
PC	PC032	Date Prescription Filled	CCYYMMDD	2575	Date Prescription Filled must be in date format (YYYYMMDD).
PC	PC033	Quantity Dispensed	Number of metric units of medication dispensed	2633	Quantity Dispensed must be in integer (no decimal points) format , cannot be negative and cannot be zero.
PC	PC033	Quantity Dispensed	Number of metric units of medication dispensed	2266	Quantity Dispensed is required.
PC	PC034	Days Supply	Estimated number of days the prescription will last	2267	Days Supply is required.
PC	PC034	Days Supply	Estimated number of days the prescription will last	2634	Days Supply must be in integer (no decimal points) format , cannot be negative and cannot be zero.
PC	PC035	Charge Amount	Do not code decimal point	2268	Charge Amount is required.
PC	PC035	Charge Amount	Do not code decimal point	2635	Charge Amount must be in integer (no decimal points) format and cannot be zero.
PC	PC036	Paid Amount	Includes all health plan payments and excludes all member payments. Do not include decimal points.	2636	Paid Amount must be in integer (no decimal points) format and cannot be negative.

File Type	Element	Element Name	Element Description	Edit ID	Message
PC	PC036	Paid Amount	Includes all health plan payments and excludes all member payments. Do not include decimal points.	3865	The Paid Amount is required when Claim Status (PC025) = 01, 02, 03, 19, 20, 21.
PC	PC037	Ingredient Cost/List Price	Ingredient Cost/List Price of the drug dispensed.	2270	Ingredient Cost/List Price is required.
PC	PC037	Ingredient Cost/List Price	Ingredient Cost/List Price of the drug dispensed.	2637	Ingredient Cost/List Price must be in integer (no decimal points) format and cannot be zero.
PC	PC038	Postage Amount Claimed	Do not code decimal point	2271	Postage Amount Claimed is required.
PC	PC038	Postage Amount Claimed	Do not code decimal point	2638	Postage Amount Claimed must be in integer (no decimal points) format and cannot be negative.
PC	PC039	Dispensing Fee	Do not code decimal point	2272	Dispensing Fee is required.
PC	PC039	Dispensing Fee	Do not code decimal point	2639	Dispensing Fee must be in integer (no decimal points) format and cannot be negative.
PC	PC040	Copay Amount	The preset, fixed dollar amount for which the individual is responsible. Do not include decimal point.	2273	Copay Amount is required.
PC	PC040	Copay Amount	The preset, fixed dollar amount for which the individual is responsible. Do not include decimal point.	2640	Copay Amount must be in integer (no decimal points) format and cannot be negative.
PC	PC041	Coinsurance Amount	Do not code decimal point	2274	Coinsurance Amount is required.
PC	PC041	Coinsurance Amount	Do not code decimal point	2641	Coinsurance Amount must be in integer (no decimal points) format and cannot be negative.
PC	PC042	Deductible Amount	Do not code decimal point	2275	Deductible Amount is required.
PC	PC042	Deductible Amount	Do not code decimal point	2642	Deductible Amount must be in integer (no decimal points) format and cannot be negative.
PC	PC043	Prescribing PVID	The number of the prescribing PV which links to this PV in the PV file, on field PV002. Fields PC044-PC055 are optional if the value in this field links to a value in PV002.	2276	Prescribing PVID is required.
PC	PC044	Prescribing Physician First Name	Physician first name (Optional if PC047 is filled with DEA number).	3879	The Prescribing Physician First Name is required when Prescribing PVID (PC043) is empty.
PC	PC045	Prescribing Physician Middle Name	Physician middle name or initial (Optional if PC047 is filled with DEA number).	3880	The Prescribing Physician Middle Name is required when Prescribing PVID (PC043) is empty.
PC	PC046	Prescribing Physician Last Name	Physician last name (Optional if PC047 is filled with DEA number; required if PC047 is blank or is filled with NPI number).	3881	The Prescribing Physician Last Name is required when Prescribing PVID (PC043) is empty.
PC	PC047	Prescribing Physician DEA Number	DEA number for prescribing physician.	3882	The Prescribing Physician DEA Number is required when Prescribing PVID (PC043) is empty.
PC	PC047	Prescribing Physician DEA Number	DEA number for prescribing physician.	3696	Prescribing Physician DEA number must have alpha characters in position 1 and 2 and must have numeric characters in position 3-9.
PC	PC048	Prescribing Physician NPI	PI number for prescribing physician.	3883	The Prescribing Physician NPI is required when Prescribing PVID (PC043) is empty.
PC	PC048	Prescribing Physician NPI	PI number for prescribing physician.	3699	Prescribing Physician NPI must be 10 characters and numeric.
PC	PC049	Prescribing Physician Plan Number	Prescribing Physician Plan Number	3884	The Prescribing Physician Plan Number is required when Prescribing PVID (PC043) is empty.
PC	PC050	Prescribing Physician License Number	Prescribing Physician License Number	3885	The Prescribing Physician License Number is required when Prescribing PVID (PC043) is empty.
PC	PC051	Prescribing Physician Street Address	Prescribing Physician Street Address	3886	The Prescribing Physician Street Address is required when Prescribing PVID (PC043) is empty.

File Type	Element	Element Name	Element Description	Edit ID	Message
PC	PC052	Prescribing Physician Street Address 2	Prescribing Physician Street Address 2	3887	The Prescribing Physician Street Address 2 is required when Prescribing PVID (PC043) is empty.
PC	PC052	Prescribing Physician Street Address 2	Prescribing Physician Street Address 2	3820	The Prescribing Physician Street Address 2 is required when the Prescribing Physician Street Address (PC051) is not present.
PC	PC053	Prescribing Physician City	Prescribing Physician City	3888	The Prescribing Physician City is required when Prescribing PVID (PC043) is empty.
PC	PC054	Prescribing Physician State	Prescribing Physician State	3889	The Prescribing Physician State is required when Prescribing PVID (PC043) is empty.
PC	PC054	Prescribing Physician State	Prescribing Physician State	3838	The Prescribing Physician State must be within the valid domain of values.
PC	PC055	Prescribing Physician Zip	Prescribing Physician Zip	3839	The Prescribing Physician Zip must be within the valid domain of values.
PC	PC055	Prescribing Physician Zip	Prescribing Physician Zip	3890	The Prescribing Physician Zip is required when Prescribing PVID (PC043) is empty.
PC	PC056	PR ID Number	Must correspond to the PR file.	2289	PR ID Number is required.
PC	PC057	Mail Order Pharmacy	Mail Order pharmacy = 1 all other =0.	2290	Mail Order Pharmacy is required.
PC	PC057	Mail Order Pharmacy	Mail Order pharmacy = 1 all other =0.	2677	Mail Order Pharmacy must be within the valid domain of values.
PC	PC058	Script Number	Script Number	2291	Script Number is required.
PC	PC059	Recipient PCP ID	Recipient PCP ID	2292	Recipient PCP ID is required.
PC	PC060	Single/Multiple Source Indicator	Values 1 = Single Source or 2 = Multi Source.	2678	Single/Multiple Source Indicator must be within the valid domain of values.
PC	PC060	Single/Multiple Source Indicator	Values 1 = Single Source or 2 = Multi Source.	2293	Single/Multiple Source Indicator is required.
PC	PC061	Member Street Address	Street address of member.	2294	Member Street Address is required.
PC	PC062	Billing PV Tax ID Number	Billing PV Tax ID Number	2295	Billing PV Tax ID Number is required.
PC	PC062	Billing PV Tax ID Number	Billing PV Tax ID Number	3910	Billing PV Tax ID Number must be in integer (no decimal points) format, cannot be zero and cannot be negative.
PC	PC062	Billing PV Tax ID Number	Billing PV Tax ID Number	3770	The Billing PV Tax ID Number must be 9 digits.
PC	PC063	Paid Date	YYYYMMDD	3690	Paid must be between the Period Begin and Period End Dates on the Transmittal Record.
PC	PC063	Paid Date	YYYYMMDD	2296	Paid Date is required.
PC	PC063	Paid Date	YYYYMMDD	2576	Paid Date must be in date format (YYYYMMDD) and cannot be a future date.
PC	PC064	Date Prescription Written	Date Prescription Written	2297	Date Prescription Written is required.
PC	PC064	Date Prescription Written	Date Prescription Written	2577	Date Prescription Written must be in date format (YYYYMMDD) and cannot be a future date.
PC	PC064	Date Prescription Written	Date Prescription Written	3703	Date Prescription Written cannot be greater than the Paid Date and cannot be greater than the Date Prescription Filled.
PC	PC065	Coordination of Benefits/TPL Liability Amount	Coordination of Benefits/TPL Liability Amount	2643	Coordination of Benefits/TPL Liability Amount must be in integer (no decimal points) format and cannot be zero.
PC	PC065	Coordination of Benefits/TPL Liability Amount	Coordination of Benefits/TPL Liability Amount	2298	Coordination of Benefits/TPL Liability Amount is required when PC025 is 19, 20 or 21.
PC	PC066	Other Insurance Paid Amount	Other Insurance Paid Amount	2299	Other Insurance Paid Amount is required when PC025 is 02, 03, 20 or 21.
PC	PC066	Other Insurance Paid Amount	Other Insurance Paid Amount	2644	Other Insurance Paid Amount must be in integer (no decimal points) format .
PC	PC067	Medicare Paid Amount	Medicare Paid Amount	2645	Medicare Paid Amount must be in integer (no decimal points) format .
PC	PC068	Allowed Amount	Allowed Amount	2301	Allowed Amount is required when PC025 is 04 or 22.
PC	PC068	Allowed Amount	Allowed Amount	2646	Allowed Amount must be in integer (no decimal points) format and cannot be zero.
PC	PC069	Member Self Pay Amount	Amount member paid if they chose to pay out of pocket instead of using pharmacy benefit copay structure.	2647	Member Self Pay Amount must be in integer (no decimal points) format .
PC	PC070	Rebate Indicator	Determines if the drug is eligible for a rebate.	2303	Rebate Indicator is required.

File Type	Element	Element Name	Element Description	Edit ID	Message
PC	PC070	Rebate Indicator	Determines if the drug is eligible for a rebate.	2080	Rebate Indicator must be within the valid domain of values.
PC	PC071	State Sales Tax	The dollar amount of any applicable sales tax.	2648	State Sales Tax must be in integer (no decimal points) format .
PC	PC072	Delegated Benefit Administrator Organization ID	If the record is sourced from a delegated benefit administrator, this field contains the DHCFP assigned organization ID for the delegated benefit administrator. Contact DHCFP for the appropriate value. Report null values if not applicable.	3915	Delegated Benefit Administrator Organization ID must be in integer (no decimal points) format.
PC	PC072	Delegated Benefit Administrator Organization ID	If the record is sourced from a delegated benefit administrator, this field contains the DHCFP assigned organization ID for the delegated benefit administrator. Contact DHCFP for the appropriate value. Report null values if not applicable.	3862	When present, the DelegatedBenefitAdministratorOrganizationID must be a valid orgid.
PC	PC073	Formulary Code	Determines if drug is on the formulary, with a Y or N.	2729	Formulary Code must be within the valid domain of values.
PC	PC073	Formulary Code	Determines if drug is on the formulary, with a Y or N.	2306	Formulary Code is required.
PC	PC074	Route of Administration	Indicates how drug is administered.	2307	Route of Administration is required.
PC	PC074	Route of Administration	Indicates how drug is administered.	2730	Route of Administration must be within the valid domain of values.
PC	PC075	Drug Unit of Measure	Drug Unit of Measure	2679	Drug Unit of Measure must be within the valid domain of values.
PC	PC075	Drug Unit of Measure	Drug Unit of Measure	2308	Drug Unit of Measure is required.
PC	PC101	Subscriber Last Name	Subscriber Last Name	2309	Subscriber Last Name is required.
PC	PC102	Subscriber First Name	Subscriber First Name	2310	Subscriber First Name is required.
PC	PC104	Member Last Name	Member Last Name	2312	Member Last Name is required.
PC	PC105	Member First Name	Member First Name	2313	Member First Name is required.
PC	PC107	Carrier Specific UniqueID	This is the number the carrier uses internally to uniquely identify the member.	2315	Carrier Specific UniqueID is required.
PC	PC108	Carrier Specific Unique Subscriber ID	This is the number the carrier uses internally to uniquely identify the subscriber.	2316	Carrier Specific Unique Subscriber ID is required.
PC	PC109	Member Street Address 2	Address of member which may include apartment number or suite, or other secondary information besides the street.	3821	The Member Street Address 2 is required when the Member Street Address (PC061) is not present.
PC	PC110	Claim Line Type	Code Indicating Type of Record. See lookup table for values (Original, Void, Replacement, Back Out, Amendment)	2680	Claim Line Type must be within the valid domain of values.
PC	PC110	Claim Line Type	Code Indicating Type of Record. See lookup table for values (Original, Void, Replacement, Back Out, Amendment)	2318	Claim Line Type is required.
PC	PC899	Record Type	PC	2320	Record Type is required.
PC	PC899	Record Type	PC	3724	RecordType must match the RecordType in the header and the trailer.

File Type	Element	Element Name	Element Description	Edit ID	Message
PR	PR001	PR ID number	PR Identification Number	1946	The Payer Field within each record of the file must match the Payer Field on the Header Record.
PR	PR001	PR ID number	PR Identification Number	2550	PR ID number is required.
PR	PR002	PR Name	Carrier defined PR Name	2551	PR Name is required.
PR	PR003	Carrier License Type	Carrier License Type	2552	Carrier License Type is required.
PR	PR003	Carrier License Type	Carrier License Type	2053	Carrier License Type must be within the valid domain of values.
PR	PR004	PR Line of Business Model	The Line of Business / Insurance Model the PR relates to.	2062	PR Line of Business Model must be within the valid domain of values.
PR	PR004	PR Line of Business Model	The Line of Business / Insurance Model the PR relates to.	2553	PR Line of Business Model is required.
PR	PR005	Insurance Plan Market	Insurance Plan Market Code	2554	Insurance Plan Market is required.
PR	PR005	Insurance Plan Market	Insurance Plan Market Code	2064	Insurance Plan Market must be within the valid domain of values.
PR	PR006	PR Benefit Type	Indicates combinations of offerings.	2065	PR Benefit Type must be within the valid domain of values.
PR	PR006	PR Benefit Type	Indicates combinations of offerings.	2555	PR Benefit Type is required.
PR	PR006	PR Benefit Type	Indicates combinations of offerings.	2676	PR Benefit Type must be in integer (no decimal points) format .
PR	PR007	Other PR Benefit Description	Benefit Description	3831	Other PR Benefit Description is required when PR006 = 0.
PR	PR008	Risk Type	Indicates if the PR was an at-risk PR or self insured.	3832	Risk Type must be within the valid domain of values.
PR	PR008	Risk Type	Indicates if the PR was an at-risk PR or self insured.	2557	Risk Type is required.
PR	PR009	PR Start Date	PR Start Date	2558	PR Start Date is required.
PR	PR009	PR Start Date	PR Start Date	2597	PR Start Date must be in date format (YYYYMMDD) and cannot be a future date.
PR	PR010	PR End Date	Last date on which members could be enrolled in this PR	2598	PR End Date must be in date format (YYYYMMDD).
PR	PR011	PR Active Flag	Indicator to further refine activity status	2560	PR Active Flag is required.
PR	PR011	PR Active Flag	Indicator to further refine activity status	2681	PR Active Flag must be within the valid domain of values.
PR	PR011	PR Active Flag	Indicator to further refine activity status	3704	PR End Date must be > PR Start Date if Active Flag = 2
PR	PR012	Annual Per Person Deductible Code	Per Person Deductible bandwidth reporting	2682	Annual Per Person Deductible Code must be within the valid domain of values.
PR	PR012	Annual Per Person Deductible Code	Per Person Deductible bandwidth reporting	2561	Annual Per Person Deductible Code is required.
PR	PR013	AnnualPer Family Deductible Code	Per Family Deductible bandwidth reporting	2562	AnnualPer Family Deductible Code is required.
PR	PR013	AnnualPer Family Deductible Code	Per Family Deductible bandwidth reporting	2683	AnnualPer Family Deductible Code must be within the valid domain of values.
PR	PR014	Coordinated Care model	Indicates if a patients care is clinically coordinated or managed.	2684	Coordinated Care model must be within the valid domain of values.
PR	PR014	Coordinated Care model	Indicates if a patients care is clinically coordinated or managed.	2563	Coordinated Care model is required.
PR	PR899	Record Type	PR	2564	Record Type is required.
PR	PR899	Record Type	PR	3726	RecordType must match the RecordType in the header and the trailer.
PV	PV001	Payer	CMS National Plan ID	1945	The Payer Field within each record of the file must match the Payer Field on the Header Record.
PV	PV001	Payer	CMS National Plan ID	2485	Payer is required.
PV	PV002	Plan PV ID	Plan PV ID.	2486	Plan PV ID is required.
PV	PV003	Tax Id	Federal Tax ID - no hyphens.	2487	Tax Id is required.
PV	PV003	Tax Id	Federal Tax ID - no hyphens.	3705	Tax ID must be in proper tax ID format and have no hyphens

File Type	Element	Element Name	Element Description	Edit ID	Message
PV	PV003	Tax Id	Federal Tax ID - no hyphens.	3911	Tax Id must be in integer (no decimal points) format, cannot be zero and cannot be negative.
PV	PV004	UPIN Id	UPIN Number. If not available, default to null. Do not use zeros.	3822	The UPIN ID is required when the PVIDCode (PV034) equals 1 and (PV036) Medicare ID is not blank.
PV	PV005	DEA Id	Drug Enforcement Agency number.. If not available, default to null. Do not use zeros.	3823	The DEA ID is required when the PVIDCode (PV034) equals 1.
PV	PV005	DEA Id	Drug Enforcement Agency number.. If not available, default to null. Do not use zeros.	3706	DEA ID may not have letters V-Z in first position, must have letters in the first 2 positions and must have numbers in positions 3 - 9.
PV	PV008	Last Name	Last name of PV or full facility name. Punctuation may be included. If the facility name is present, this field is ignored.	3800	The Last Name is required when the PVID Code (PV034) = 1.
PV	PV009	First Name	First name of PV. Punctuation may be included.. If the facility name is present, this field is ignored.	3801	The First Name is required when the PVID Code (PV034) = 1.
PV	PV010	Middle Initial	Middle initial of PV. If the facility name is present, this field is ignored.	3802	The Middle Initial is required when the PVID Code (PV034) = 1.
PV	PV012	Entity Name	Group / Facility name	3803	The Entity Name is required when the PVID Code (PV034) = 2.
PV	PV013	Entity Code	PV facility code	2066	Entity Code must be within the valid domain of values.
PV	PV013	Entity Code	PV facility code	3876	Entity Code is required when PV034 = 2,3,4,5,6,7,0.
PV	PV014	Gender Code	Gender of PV.. if available, this may be used to link PVs together. If not available, default to null.	2067	Gender Code must be within the valid domain of values.
PV	PV014	Gender Code	Gender of PV.. if available, this may be used to link PVs together. If not available, default to null.	3871	The Gender Code is required when PV ID Code (PV034) = 1.
PV	PV015	DOB Date	Date of birth of PV. 20050501(yyyymmdd). YYYYMMDD is the preferred date format. If not available or applicable, default to null value.	3824	The Date of Birth is required when the PVIDCode (PV034) equals 1.
PV	PV015	DOB Date	Date of birth of PV. 20050501(yyyymmdd). YYYYMMDD is the preferred date format. If not available or applicable, default to null value.	2592	DOB Date must be in date format (YYYYMMDD) and cannot be a future date.
PV	PV016	Street Address1 Name	Street address where PV sees plan members. Brick & mortar. If only mailing address is available, please send the mailing address in this field in addition to putting it in the mailing address field.	2500	Street Address1 Name is required.
PV	PV017	Street Address2 Name	Street address where services were rendered. brick & mortar. Optional	3872	The Street Address2 Name is required when Street Address1 Name (PV016) is missing.

File Type	Element	Element Name	Element Description	Edit ID	Message
PV	PV018	City Name	City where PV sees plan members. If only mailing address is available, please send the mailing address in this field in addition to putting it in the mailing address field.	2502	City Name is required.
PV	PV019	State Code	State. If only mailing address is available, please send the mailing address in this field in addition to putting it in the mailing address field. If populated, this should be a valid USPS state code.	3874	The State Code is required when the Country Code (PV020) is USA.
PV	PV019	State Code	State. If only mailing address is available, please send the mailing address in this field in addition to putting it in the mailing address field. If populated, this should be a valid USPS state code.	3840	The State Code must be within the valid domain of values.
PV	PV020	Country Code	Country Code of the PV	3841	The Country Code must be within the valid domain of values.
PV	PV020	Country Code	Country Code of the PV	2504	Country Code is required.
PV	PV021	Zip Code	Zip where PV sees and treats plan members. If only mailing address is available, please send the mailing address in this field in addition to putting it in the mailing address field.	2505	Zip Code is required.
PV	PV022	Taxonomy	Taxonomy code	3804	The Taxonomy is required when the PVIDCode (PV034) equals 0,1,2,3,4, or 5.
PV	PV022	Taxonomy	Taxonomy code	3727	Taxonomy must be within the valid domain of values.
PV	PV023	Mailing Street Address1 Name	Mailing address	2507	Mailing Street Address1 Name is required.
PV	PV024	Mailing Street Address2 Name	Mailing address	3873	The Mailing Street Address2 Name is required when Mailing Street Address1 Name (PV023) is missing.
PV	PV025	Mailing City Name	Mailing address	2509	Mailing City Name is required.
PV	PV026	Mailing State Code	Mailing address	3875	The Mailing State Code is required when the Mailing Country Code (PV027) is USA.
PV	PV026	Mailing State Code	Mailing address	3769	The Mailing State Code must be within the valid domain of values.
PV	PV027	Mailing Country Code	Mailing address	3842	The Mailing Country Code must be within the valid domain of values.
PV	PV027	Mailing Country Code	Mailing address	2511	Mailing Country Code is required.
PV	PV028	Mailing Zip Code	Mailing address	2512	Mailing Zip Code is required.
PV	PV029	PV Type Code	Reference tables required - Provide a cross-reference table for any values used in this field.. This is a required field that distinguishes clinicians, facilities, and other. Clinicians are physicians and other practitioners who can perform an E&M service (thereby start an episode). Facilities can sometimes start episodes (i.e. patient goes to ER at onset of symptoms). PVs classified as other never start episodes.	2513	PV Type Code is required.

File Type	Element	Element Name	Element Description	Edit ID	Message
PV	PV030	Primary Specialty Code	Reference tables required: provide a cross-reference table for any values used in this field.. If the Plan can not determine which specialty is primary, then populate this field with the PVs specialty for purposes of assigning cost and quality measures. For non-physicians, set this to a value that indicates that the PV is a hospital, or facility or has no specialty.	3805	The Primary Specialty Code is required when the PVIDCode (PV034) equals 0,1,2,3,4, or 5.
PV	PV030	Primary Specialty Code	Reference tables required: provide a cross-reference table for any values used in this field.. If the Plan can not determine which specialty is primary, then populate this field with the PVs specialty for purposes of assigning cost and quality measures. For non-physicians, set this to a value that indicates that the PV is a hospital, or facility or has no specialty.	2072	Primary Specialty Code must be within the valid domain of values.
PV	PV034	PV ID Code	PV Identification Code	2074	PV ID Code must be within the valid domain of values.
PV	PV034	PV ID Code	PV Identification Code	2518	PV ID Code is required.
PV	PV035	SSN Id	Social Security Number of the PV. No hyphens. If not available, set to null.	3712	SSN ID is required when PV ID Code (PV034) = 1 and when present SSN ID must be in valid SSN format.
PV	PV035	SSN Id	Social Security Number of the PV. No hyphens. If not available, set to null.	3912	SSN Id must be in integer (no decimal points) format, cannot be zero and cannot be negative.
PV	PV036	Medicare Id	Medicare ID of the PV. If not available, set to null.	3806	The Medicare is required when the PVIDCode (PV034) equals 0,1,2,3,4, or 5 and the UPINID (PV004) is not null.
PV	PV037	Begin Date	Date PV becomes eligible to perform services for plan members/insured's. YYYYMMDD	3713	Begin Date cannot be future date
PV	PV037	Begin Date	Date PV becomes eligible to perform services for plan members/insured's. YYYYMMDD	2593	Begin Date must be in date format (YYYYMMDD) and cannot be a future date.
PV	PV038	End Date	Date PV is no longer eligible to perform services for plan members/insureds. YYYYMMDD	2594	End Date must be in date format (YYYYMMDD).
PV	PV038	End Date	Date PV is no longer eligible to perform services for plan members/insureds. YYYYMMDD	3714	End Date must be after Begin Date
PV	PV039	National PV ID	For each clinician and organization.	3715	National PV ID must be ten numbers
PV	PV039	National PV ID	For each clinician and organization.	3807	The National PV ID is required when the PVIDCode (PV034) equals 0,1,2,3,4, or 5.
PV	PV039	National PV ID	For each clinician and organization.	3858	The National PVID must be within the valid domain of values.
PV	PV040	National PV2 ID	Optional NPI id if available.	3859	The National PV2ID must be within the valid domain of values.
PV	PV040	National PV2 ID	Optional NPI id if available.	3716	National PV2 ID must be ten numbers and is required when PV Type Code = 0, 1, 2, 3, 4 or 5.
PV	PV042	Secondary Specialty2 Code	see mapping notes for primary specialty above.	3808	The Secondary Specialty 2 Code is required when the PVIDCode (PV034) equals 0,1,2,3,4, or 5.

File Type	Element	Element Name	Element Description	Edit ID	Message
PV	PV042	Secondary Specialty2 Code	see mapping notes for primary specialty above.	3748	SecondarySpecialty2Code must be within the valid domain of values.
PV	PV043	Secondary Specialty3 Code	see mapping notes for primary specialty above.	3749	SecondarySpecialty3Code must be within the valid domain of values.
PV	PV044	Secondary Specialty4 Code	see mapping notes for primary specialty above.	3750	SecondarySpecialty4Code must be within the valid domain of values.
PV	PV045	P4P Flag	Pay-for-performance bonuses or year-end withhold returns based on performance. Supplemental file will be required Yes=1, No=0	2734	P4P Flag must be within the valid domain of values.
PV	PV045	P4P Flag	Pay-for-performance bonuses or year-end withhold returns based on performance. Supplemental file will be required Yes=1, No=0	2529	P4P Flag is required.
PV	PV046	NonClaimsFlag	Other payments not flowing through the claims system (such as risk sharing). Supplemental file will be required Yes=1, No=0	2530	NonClaimsFlag is required.
PV	PV046	NonClaimsFlag	Other payments not flowing through the claims system (such as risk sharing). Supplemental file will be required Yes=1, No=0	2735	NonClaimsFlag must be within the valid domain of values.
PV	PV047	Uses Electronic Medical Records	PV Uses EMR indicator	2736	Uses Electronic Medical Records must be within the valid domain of values.
PV	PV047	Uses Electronic Medical Records	PV Uses EMR indicator	2531	Uses Electronic Medical Records is required.
PV	PV048	EMR Vendor	Name of EMR vendor	3811	The EMR Vendor is required when Uses Electronic Medical Records (PV047) equals 1.
PV	PV049	Accepting New Patients	Accepting New Patients	2737	Accepting New Patients must be within the valid domain of values.
PV	PV049	Accepting New Patients	Accepting New Patients	2533	Accepting New Patients is required.
PV	PV050	Offers e-Visits	indicates if PV uses e-visit tools for well visits.	2534	Offers e-Visits is required.
PV	PV050	Offers e-Visits	indicates if PV uses e-visit tools for well visits.	2738	Offers e-Visits must be within the valid domain of values.
PV	PV052	Has multiple offices	Indicates if PV has multiple offices	2739	Has multiple offices must be within the valid domain of values.
PV	PV052	Has multiple offices	Indicates if PV has multiple offices	2536	Has multiple offices is required.
PV	PV055	PCP Flag	Indicates if the PV is a PCP.	2539	PCP Flag is required.
PV	PV055	PCP Flag	Indicates if the PV is a PCP.	2740	PCP Flag must be within the valid domain of values.
PV	PV056	PV Affiliation	Indicates the parent entity/group that the PV belongs to	3717	PV Affiliation value must match a value in PV002 for a different record or the same record
PV	PV056	PV Affiliation	Indicates the parent entity/group that the PV belongs to	2540	PV Affiliation is required.
PV	PV057	PV Telephone	PV Telephone	2541	PV Telephone is required.
PV	PV057	PV Telephone	PV Telephone	3718	PV telephone must be 10 characters with no hyphens
PV	PV058	Delegated PV Record Flag	PV Record Source Indicator	2741	Delegated PV Record Flag must be within the valid domain of values.
PV	PV058	Delegated PV Record Flag	PV Record Source Indicator	2542	Delegated PV Record Flag is required.
PV	PV060	Office Type	indicates if the office is a facility, or doctors office, or clinic, or walk in or lab	2079	Office Type must be within the valid domain of values.

File Type	Element	Element Name	Element Description	Edit ID	Message
PV	PV060	Office Type	indicates if the office is a facility, or doctors office, or clinic, or walk in or lab	2544	Office Type is required.
PV	PV061	Prescribing PV	Indicates if the PV has prescribing privileges	2742	Prescribing PV must be within the valid domain of values.
PV	PV061	Prescribing PV	Indicates if the PV has prescribing privileges	2545	Prescribing PV is required.
PV	PV062	PV Affiliation Start Date	Indicates start date of PVs relationship with parent entity/group	3719	PV Affiliation Start Date cannot be a future date
PV	PV062	PV Affiliation Start Date	Indicates start date of PVs relationship with parent entity/group	2546	PV Affiliation Start Date is required.
PV	PV062	PV Affiliation Start Date	Indicates start date of PVs relationship with parent entity/group	2595	PV Affiliation Start Date must be in date format (YYYYMMDD) and cannot be a future date.
PV	PV063	PV Affiliation End Date	Indicates end date of PVs relationship with parent entity/group	2596	PV Affiliation End Date must be in date format (YYYYMMDD).
PV	PV063	PV Affiliation End Date	Indicates end date of PVs relationship with parent entity/group	3720	PV Affiliation End Date must be greater than PV Affiliation Start Date
PV	PV064	PPO Indicator	Indicates if the PV is a contracted network PV	2743	PPO Indicator must be within the valid domain of values.
PV	PV064	PPO Indicator	Indicates if the PV is a contracted network PV	2548	PPO Indicator is required.
PV	PV899	Record Type	PV [PV file].	2549	Record Type is required.
PV	PV899	Record Type	PV [PV file].	3721	Record Type must match the Record Type on the Header and the Record Type on the Trailer
TR	TR002	Payer	Payer submitting payments/Council Submitter Code	210	The Payer Field on the Trailer Record must be a valid DHCFP assigned OrgID.
TR	TR005	Period Beginning Date	CCYYMM, Beginning of paid period for claims, Beginning of month covered for eligibility	207	The Period Beginning Date on the Trailer Record must correspond with the Year and Quarter entered on the Transmittal Sheet.
TR	TR006	Period Ending Date	CCYYMM, End of paid period for claims, End of month covered for eligibility	208	The Period Ending Date on the Trailer Record must correspond with the Year and Quarter entered on the Transmittal Sheet.
FLE		File Level Edits		195	The first record in the file must be a Header Record with a Record Type of HD.
FLE				196	The length of the record exceeds the maximum possible length.
FLE				197	Each line in the Record must be of the same file type.
FLE				198	The last line in the file must be a Trailer Record and have a Record type of TR.
FLE				215	Each line in the Record must contain the correct number of delimited fields.
FLE				217	The Record Type within the detail record of the file does not match HD004 (Type of File) on the Header Record.
FLE				219	Each field must be less than or equal to the fields maximum allowable length.